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ABSTRACT

Designed for individuals interested in implementing career development programs for disabled adults, this report presents information on the Lifelong Career Development (LCD) project and its potential for implementation in the community college. Chapter 1 examines lifelong learning and the career development needs of disabled individuals, presents a competency-based approach to life skills, discusses ways of linking community services, and outlines the role of independent living centers for the handicapped. Chapter 2 focuses on the objectives and activities of the LCD project-- a nationwide effort to identify the career development needs of severely handicapped individuals, to design and implement a career development model for use in community colleges, and to design and field test a staff development training program for providing lifelong career development services. Chapter 3 describes the major components of the LCD program model, i.e., life-centered career development, goals and objectives, the LCD team, and the program advisory committee. A rationale for adding LCD to community college programs is presented in chapter 4, along with 12 suggestions for preparing for implementation of an LCD program. Finally, chapter 5 offers conclusions and recommendations based on the experiences of four mid-western community colleges, several community agencies, and handicapped participants. Appendices include a list of organizations involved with advocacy for the disabled. (HB)

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LIFELONG CAREER DEVELOPMENT

FOR

HANDICAPPED INDIVIDUALS

Donn E. Brolin, Project Director
James T. Carver, Research Associate

Department of Educational and Counseling Psychology
College of Education
University of Missouri-Columbia

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Information about the availability of the two products produced from the project: 1) Lifelong Career Development Handbook: Linking Community Services for Disabled Adults, and 2) Lifelong Career Development for Individuals With Disabilities: A Resource Guide, can be obtained by writing Dr. Donn E. Brolin, 16 Hill Hall, University of Missouri-Columbia, Columbia, MO 65211.

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PREFACE

This publication is written for and disseminated at cost to individuals interested in implementing more substantive career development programs for adults who have disabling conditions. The Lifelong Career Development (LCD) Project for Handicapped Individuals was conducted from 1978-1981 under a grant from the U. S. Department of Education, Special Education Programs. We are appreciative to their continuing support of our various endeavors.

Our present concern is the lack of a well-coordinated delivery of services for adults with handicaps. This need has been pointed out time and again by many key professionals, consumers, and advocates. The present development of independent living centers is one response to this important need. But, many other persons desire a more "normalized setting" for their educational needs. One such setting and the one to which the LCD Project was directed is the community college. The community college is a fertile ground for an array of possible career development services, including that of coordination and referral. The LCD Project designed a model of service delivery which should provide a means for such a contribution.

The information contained in this document is a condensed version of the products which resulted from the project: 1) Lifelong Career Development Handbook: Linking Community Services for Disabled Adults and 2) Lifelong Career Development for Individuals With Disabilities: A Resource Guide. These publications should be available from the ERIC Clearinghouse on Adult, Career, and Vocational Education at Ohio State University, 1960 Kenny Road, Columbus, Ohio. At the time of this writing they are reviewing the manuscripts. Further information about the project and its components can be obtained by writing me.

Donn E. Brolin

FOREWORD

The evolution of work preparatory programs for the handicapped from their modest beginning in the years before the 1960's to full fledged Career Education efforts in the 1970's have been responses to well documented needs. Each was a pioneering effort in its times.

The Lifelong Career Development Project for the severely handicapped is such an exploratory venture in the 1980's. Just as there were few guidelines to follow in the preceding programs, it is from trial and error and the crucible of experience that guidelines will emerge from LCD.

A penetration has been made into the uncharted wilderness by this initial effort. What has been discovered is now being shared with those who glimpse the great need and the splendid possibilities from pursuing this work. It is presented not as a blueprint to be followed, but as a record of failures as well as successes that can be studied, learned from, extended and modified as the course becomes clearer and experiences proliferate.

It is but a beginning, but it forecasts a future of service and research fully as promising as the work-study and career-education ventures upon which LCD is built. As those programs did in the past, this venture is a fitting beginning for the era of the '80's in programming for adult handicapped persons.

Oliver P. Kolstoe, Ph.D., Professor
University of Northern Colorado
Greeley, Colorado

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The Project Staff

Mary Lou Abeln, Training Associate
James Carver, Research Associate
Ann Domeck, Assistant Director
Brenda Eastin, Secretary
Malcolm Flanagan, Research Consultant
Art Konar, Project Associate
Diana Lynn, Resource Center Librarian
Jodi Johnson, Training Consultant
Mary Ann Price, Project Associate
Rob Reynolds, Project Assistant
JoAnn Schoepke, Research Associate

The University of Missouri Project Advisors

Gary Fox, Higher and Adult Education
Gerald Hitzhusen, Recreation and Park Administration
Earl Moore, Educational and Counseling Psychology

The National Advisory Committee

Miles Beachboard, Director, Programs for the Disadvantaged and Handicapped, Department of Elementary and Secondary Education Jefferson City, Missouri
Charles Freeman, Vending Facility Program Specialist, Rehabilitation Services Administration, Washington, D.C.
Robert Huskey, Assistant Superintendent for Speech and Language and Career Education, Special School District of St. Louis County, St. Louis, Missouri
Jand Razeghi, Educational Director, American Coalition of Citizens with Disabilities, Washington, D.C.

The Community College Field Site Advisors and Coordinators

Carl Larson, Assistant Superintendent for Curriculum and Instruction, Iowa Central Community College, Fort Dodge, Iowa
Luverne Bierle, Special Needs Coordinator, Iowa Central Community College
Curtis Murton, President, Brainerd Community College, Brainerd, Minnesota
Neva Williams, LCD Coordinator, Brainerd Community College
Michael Rooney, Director of Counseling, St. Louis Community College at Meramec, St. Louis, Missouri
Camby Gallagher, Special Needs Coordinator, Meramec Community College

Stephen Poort, Dean of Instruction, Indian Hills Community College, Ottumwa, Iowa
Roy Forgy, Special Needs Coordinator, Indian Hills Community College

The LCD Team Members from the Community College Sites

Brainerd Community College

Tom Chesley
Harry Heglund
Peggy Larson
Myrna Hammer
Inez Giles
Chuck Spencer
Curt Murton
Neva Williams

Iowa Central Community College

Luverne Bierle
Joan Abram
Pauline Olson
Wayne Goodno
James Weires
Marolee Neuberger
Harold Brentress

Indian Hills Community College

Roy D. Forgy
Bill Dell
Doug Bauman
Lottie Gray
Pat McLean
Melinda Quinn

Meramec Community College

Cambey Gallagher
Mike Rooney

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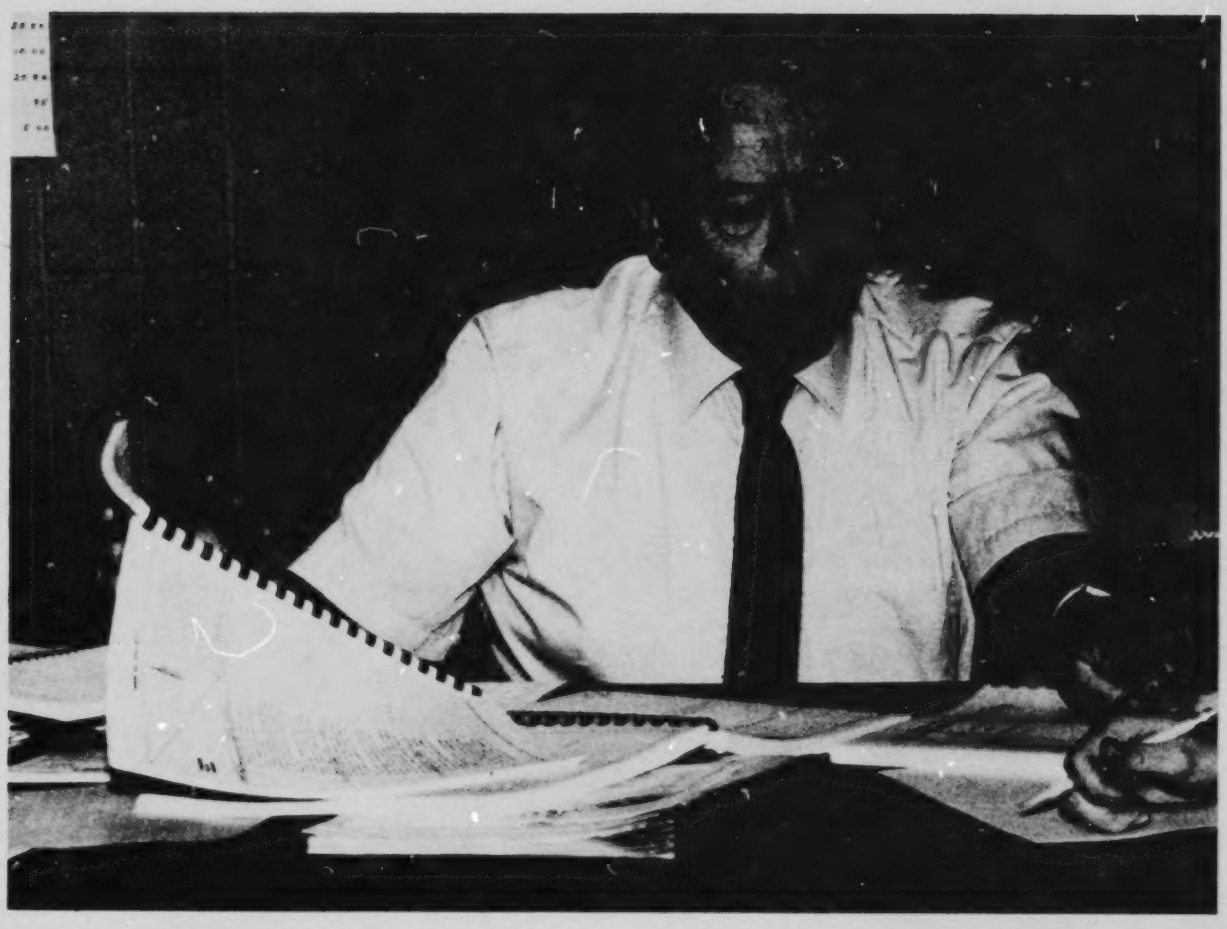

Above: Dr. Carl Larson, Assistant Superintendent for Curriculum & Instruction at Iowa Central Community College, Ft. Dodge.

Right: Dr. Curtis Murton, President of Brainerd Community College, Minnesota.

NARRATIVE

CHAPTER 1

THE NEED FOR LIFELONG CAREER DEVELOPMENT

Lifelong Learning and Career Development

In the 1970's, lifelong learning, "The opportunity to engage in learning throughout the lifespan" (Brochart, 1977, p. iv) was recognized as important for the majority of Americans. In several European countries, such as England, employers must set aside monies for further education of their employees. Support for lifelong learning is based on the premise that both individuals and society change. Individuals proceed through various stages of physiological, emotional, social and intellectual development manifesting different learning needs at each stage. Changes in society are occurring at the fastest pace known to mankind, so fast that it becomes inappropriate to attempt to teach you all you need to know for a lifetime (Flanagan and Schoepke, 1978).

Also, in the last decade, considerable attention was directed to the area of career development, which generally is defined as a series of life stages through which the individual progresses. Within each stage are developmental tasks or skills which must be mastered to achieve adequate career development (Ginsberg, Ginsburg, Axelrad & Herma, 1951; Super, 1957). These tasks include developing positive self-concept; acquiring a sense of control over one's life; and learning about the world of work, alternative life styles, career decision-making, and management of life roles (Hansen & Tennyson, 1975).

Research indicates that people with disabilities often have difficulties due to a lack of systematic exposure to necessary learning experiences, particularly in the areas of personal-social and daily living skills (Appell, 1977; Brolin, 1982; Flanagan & Schoepke, 1978; Sprafkin, Gershaw & Goldstein, 1978; Wilkinson, 1975). In many cases, these individuals have not been adequately prepared to function in the full array of life roles.

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[1]During the course of the project, it became evident that the terms "lifelong" and "life-centered" career development were basically synonymous. Hence, the use of "life centered" became more common in our usage as the project progressed. We call this to the attention of the reader in the event that the interchangeable use of the two terms appears confusing.

The purpose of this chapter is to give the reader some basic information about the career development needs of disabled people, introduce a competency-based approach to meeting these needs, suggest a greater effort at networking or linking together services, provide a rationale for the community college as a linkage setting, and to draw attention to another possible source of life-long career development services, the Independent Living Center.

Career Development Needs of Disabled People

While lifelong career development is important to all members of society, it is crucial to achievement of the total life roles of disabled individuals. Disabled people have special lifelong career[2] development needs because the nature of the disability poses special ongoing considerations and a dearth of learning opportunities exists. Factors contributing to this deficiency include (Bowe, 1978; Burkhead, Domeck & Price, 1979):

- Segregation of disabled people in society
- Architectural barriers
- Attitudinal barriers
- Inadequacy of training and educational programs
- Overprotectiveness of individuals involved with disabled people
- Psychological reactions to environmental stress

These and other factors adversely affect three key areas of career development for disabled adults: daily living, personal-social and occupational skills.

DAILY LIVING SKILLS[3]

The importance of mastering daily living skills has been supported by the results of several studies (Schalock and Harper, 1978, Snell, 1979). In a recent study, Schalock and Harper (1978) evaluated the post-program success of 131 clients, ranging from normal to severely mentally retarded, who completed the Mid-Nebraska Adult Program. This program included instruction in the basics

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[2]The term career is defined to include all productive "work" activities that relate to carrying out one's role as an employee, family member, citizen (e.g., volunteer work), and avocational endeavors that will be of benefit to oneself or others.

of self-care, communication, preacademics, and independent living skills. Nearly 100 percent of the clients who were unable to succeed in rented homes or apartments had problems in managing their money, keeping the home clean and preparing meals. From these results, Snell (1979) concludes that the chronological age of 21 should not be regarded as the end of schooling for retarded individuals and that

> skills for success in vocational and independent living domains are distinctly different. Teaching one domain does not preempt the other. Most high school programs ignore or "under-teach" independent living skills to retarded students and it appears to be these skill omissions (budgeting, cooking, and household cleanliness) that later bring problems sufficient to necessitate costly residential dependence upon normal adults. (p. 54)

In many instances, usual ways of learning daily living skills are not available to persons with severe disabilities because of the nature of their disability. For example, blind individuals would not have the same opportunities as their sighted peers to learn daily skills such as food preparation by watching their parents perform these activities. Since the learning that occurs through this form of modeling is not as readily available to blind people, specific instruction in these skills is likely to be of particular importance for them. In addition, many parents or family members do not encourage their relatives to participate in household or personal care activities so that skills can be acquired. They may believe that it is easier to do these activities for the disabled member of the family than to help them learn the skills, or they may fail to recognize their potential to learn such skills.

The following account poignantly illustrates the discrepancy that can exist between some areas of adjustment and daily living skills:

> A severely disabled woman had maintained successful administrative employment for some fifteen years. However, having lived at home and received care from her parents for more than thirty years, she failed to develop daily living and personal-social skills. When both parents suddenly became debilitated and could no longer care for her needs she was unable to care for herself adequately. She had never learned to bathe, dress herself, cook, shop, or perform

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[3]Exerpt from The severely handicapped person: Approaches to career development by Burkhead, E.J., Domeck, A.W., and Price, M.A. Columbia, Missouri: University of Missouri-Columbia, 1979.

any household chores. In addition, her parents had not encouraged her to make friends because they felt they could fill the roles of friends and companions. She had been adequately prepared to function in the life roles as learner and worker as evidenced by completing a graduate degree and earning more than $20,000 per year, yet she never developed the self-management coping skills needed to make a total life adjustment. These skills had to be learned painfully at an age when most adults are relatively comfortable in an independent living situation.

PERSONAL-SOCIAL SKILLS[4]

Case studies and research findings also indicate the need for training in personal-social skills to enable disabled individuals to function independently in the community. In the follow-up study of Mid-Nebraska Adult Program participants, Schalock and Harper (1978) found that inappropriate social behavior was a major factor in disabled individuals' failure to "make it" in the community. Appell (1977) strongly advocates personal and social skills training for disabled individuals in vocational preparation programs. "Vocational failure is not predicated on lack of vocational skills as much as the inability to acquire and use social interaction skills." (p. 77)

The importance of learning socially appropriate behavior is also illustrated in Lotte Moise's (1975) account of the experiences she encountered in raising her mentally retarded child. In the booklet, "Will The Real Advocate for Retarded Persons Please Stand Up," Moise stresses the importance of expecting appropriate and responsible behavior from a child who is mentally retarded just as one would expect from any child. She clearly advocates allowing a retarded individual to take the necessary risks that are inevitable in learning appropriate and responsible behavior. About her daughter, she states: "Of course, we worry that someone might hurt her feelings, cheat her when she shops, or take advantage of her trusting affection, but we also recognize that we cannot let our worry become her straightjacket, that we must not cheat her of her right to failure, as integral a component of growth as is success." (p. 30)

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[4]Exerpt from The severely handicapped person: Approaches to career development by Burkhead, E.J., Domeck, A.W., and Price, M.A. Columbia, Missouri: University of Missouri-Columbia, 1979

In a paper presented to the 98th Annual Meeting of the American Association on Mental Deficiency, Perske (1974) describes the importance of helping retarded individuals learn the intricate array of interrelationships that are involved in appropriate social behavior. Perske cites the following cases which exemplify the need to deal with specific details of social situations in helping retarded citizens learn interdependent functioning.

> A young man from an institution accepted a working contract as a pot washer in a cafeteria. He learned his working routine and carried it out well. But there were some hidden parts of the interdependency that he didn't understand. He wanted the waitresses to like him, so he put his hands on their shoulders. The result was the opposite. The boss was getting angry when he heard about it. Finally, a helping person in the form of one of the waitresses took him aside and very carefully explained what it did to the waitresses when he "put his hands on the cloth." This helping person further helped him to see he didn't need to talk so loudly in order to get attention now that he was out of the institution. This waitress continued to clarify the many quid pro quo actions that he needed to understand if healthy interdependent relations as a team member in this cafeteria would be fulfilled. Three years have passed. And this young man has increased his skill of interacting with others. (p. 6)

> John liked little children. Now, at the age of 24 he stopped to visit with little children all up and down the street. In a sense, this was understandable since he had worked for ten years as a resident helper on an infant ward, changing diapers and feeding small retarded children. It was hard for him to understand that parents didn't take kindly to having a strange man stop to show kindnesses to their children. It was John's citizen advocate who had to explain why it wasn't accepted and to explain why he should be careful where he placed his hands. Every tiny aspect of an adult strange man's relationship with children on the street had to be clarified. (p. 7)

A Competency-Based Approach to Life Skills

As mentioned previously, identification of necessary life skills is a step toward improving the career development outlook for disabled adults. Delineation of life skills creates a focal point for disabled individuals and professionals. With this approach, disabled individuals can learn more about the requirements of independent living and professionals can see that adequate services are provided in all identified areas.

Such a delineation of necessary skills, called the 22 Life-Centered Competencies, was identified and field tested by Donn Brolin (1978) and his associates over a ten-year period. As shown in Table 1, page 9, the model is organized into three domains: Daily Living, Personal-Social and Occupational Guidance and Preparation. Within each domain are individual competencies the learner must master to achieve levels of adequate functioning. Individual competencies include skills such as caring for personal needs, utilizing recreation and leisure time, getting around the community (mobility), achieving self-awareness, achieving good interpersonal skills, knowing and exploring occupational possibilites, and obtaining a specific occupational skill. Provision of systematic learning experiences relative to these competencies ensures that people with disabilities have the opportunity to accomplish developmental tasks vital to adequate career development. Detailed descriptions of the 22 competencies and their subcompetencies are presented in Chapter 3 and in other publications (Brolin, 1978; Brolin & Kokaska, 1979).

Linking Community Services

Comprehensive programming and cooperation among human services have been promulgated for decades. Recent federal legislation (P.L. 93-112, P.L. 93-203, P.L. 94-492, P.L. 94-482, P.L. 95-602) mandate development of a locally coordinated service delivery system to meet needs of disabled people over the life span. Each state is required to develop a plan to promote cooperation and minimize duplication of services. However, in most instances the coordination of lifelong support services is easier to articulate than practice. Lack of interagency cooperation continues to be one of the most serious problems disabled people face in meeting their career development needs (Conn, 1982). At the annual meeting of the President's Committee on Employment of the Handicapped (1979), these major barriers were identified:

- Turfmanship
- Overlapping services
- Lack of knowledge about implementation of interagency cooperation
- Differing agency regulations
- Lack of cooperation among advocacy and disabled consumer organizations

Table 1

Career Development Competencies

Daily Living Skills

1. Managing Family Finances
2. Selecting, Managing and Maintaining a Home
3. Caring for Personal Needs
4. Raising Children, Enriching Family Living
5. Buying and Preparing Food
6. Buying and Caring for Clothing
7. Engaging in Civic Activities
8. Utilizing Recreation and Leisure
9. Getting Around the Community (Mobility)

Personal-Social Skills

10. Achieving Self Awareness
11. Acquiring Self Confidence
12. Achieving Socially Responsible Behavior
13. Maintaining Good Interpersonal Skills
14. Achieving Independence
15. Achieving Problem Solving Skills
16. Communicating Adequately with Others

Occupational Skills

17. Knowing and Exploring Occupational Possibilities
18. Selecting and Planning Occupational Choices
19. Exhibiting Appropriate Work Habits and Behaviors
20. Exhibiting Sufficient Physical-Manual Skills
21. Obtaining a Specific Occupational Skill
22. Seeking, Securing, and Maintaining Employment

[1]Brolin, D.E. (Ed.). Life centered career education: A competency based approach. Reston, Virginia: Council for Exceptional Children, 1978.

If interagency cooperation is really to happen, program administrators and developers must be committed to this endeavor and establish effective interagency teams and policies (Brolin, 1982).

"In these times characterized by limited funds and resources and calls for accountability" (Ferrini, Matthews, Foster & Workman, 1980, p. 3), linkage of services benefits service providers as well as recipients. As Ferrini et al. point out, the question "How do we maintain current services and develop new ones without increasing expenditures" is crucial for any organization, especially those service disabled individuals and other special needs groups. "Collaboration with other organizations may offer a means of improving and/or expanding services without multiplying costs" (Ferrini et al, 1980, p. 3).

The LCD Program described in this HANDBOOK provides a model and method by which interagency cooperation can be realized to the benefit of disabled adults. It conveys an approach to mobilize the commitment, resources, and expertise of local professionals and citizens to meet this challenge.

Community College Involvement

The community college is ideal for involvement in the linkage and provision of lifelong career development services for disabled adults. The community college is especially appropriate for these reasons:

- This involvement is in keeping with the college's goal of community outreach and service.
- The community college is visible to citizens and professionals in the area.
- The community college commands a positive image in the community and represents a normalized setting.
- The college is within commuting distance of most citizens and accommodates a variety of student schedules--part-time, full-time, day and evening.
- The facilities of many community colleges are relatively new and pose fewer architectural barriers than older institutions.
- Community college compliance with Section 504 of the Rehabilitation Act of 1973 can be facilitated by this involvement.

A structured method for community college participation in services for disabled citizens is introduced in the next chapters.

Independent Living Movement

Although the LCD Project selected the community college as its target setting, a recent development by disabled people themselves presents another option for the approach described in the HANDBOOK. The Rehabilitation Comprehensive Services, and Developmental Disabilities Amendment of 1978 (P.L. 95-602) authorized independent living (IL) services even for individuals for whom vocational rehabilitation is not a goal.

Independent living (IL) refers to "having control over one's life, based on the choice of acceptable options that minimize reliance on others in making decisions and in performing every day activities" (Frieden, Richards, Cole and Bailey, 1979).

Unlike the "rehabilitation paradigm" that assumes the problem lies within the individual and focuses on treating the patient or client, the IL paradigm views the problem as residing in the person's environment. Dependency inducing aspects of the helper-helpee relationship is seen as part of the problem, not the solution (DeJong, 1978).

Independent Living Centers, controlled or influenced by disabled consumers, seek to identify and coordinate existing services and provide services when they are not available. Needed services include:

- Attendant care
- Housing
- Information and referral about goods and services
- Transportation
- Peer counseling
- Advocacy
- Independent living skills training
- Equipment maintenance and repair
- Social and recreational services

Advances in the IL movement have coincided with development of other complementary social movements such as civil rights, consumerism, self-help, demedi-

calization, deinstitutionalization and mainstreaming (DeJong, 1978). However, inadequacy of IL training continues to be a concern of consumers and service providers in that needs are still unmet for a great number of disabled citizens. IL training was one of the major needs identified in a survey of national leaders asked about needed programs for disabled people in the 1980's (Disabled USA, 1980).

Conclusion

Individuals with disabilities represent a large segment of American society. Although the exact number is not known, an estimated 35 million people are disabled, 28 million of them adults. Yet they encounter second class citizenship and, despite recent legislative mandates, the majority continue to be unemployed or grossly underemployed as adults. Much remains to be done to guarantee legal rights and full community participation of disabled people in this country.

Development of successful, integrative approach to career development will require the effective use of school resources, community participation, family involvement and increased public awareness. Schools can systematically provide experiences especially geared to teach the life-centered competencies to individuals with various disabilities. It is essential that colleges and university training programs adequately prepare teachers and school personnel to implement career development programs from preschool through post-secondary. Schools can also become involved in the development and validation of much needed measures for assessment or career development.

Adult, community and continuing education programs are unique settings in which to provide educational and personal enrichment opportunities for disabled adults. Also, non-residential independent living centers in the community can be a valuable source of "hands on" training experiences as well as jobs for disabled persons. Organizations, agencies and individuals in the community are also valuable resources.

Family members--whether parents, siblings or spouses--can have significant impact on the career development of handicapped relatives. By encouraging independence and providing learning opportunities to their disabled relative, family members can reinforce school and agency personnels' efforts to improve the disabled person's life skills.

In the next chapter, the research and development aspects that went into the creation of the LCD Model are explicated.

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CHAPTER 2

THE LCD RESEARCH AND DEVELOPMENT PROJECT

The development of The Lifelong Career Development (LCD) Program occurred over a three year period (1978-1981). Research, expert opinion and advocate efforts such as The White House Conference on Handicapped Individuals in 1977 clearly indicated that many persons with disabilities were in great need of continuing education and career guidance services to attain satisfactory employment and personal functioning.

While there are a myriad of agencies available to disabled individuals for continuing education and career guidance, our conclusion was that there is no mechanism available to bring appropriate services together and to provide other services not available (e.g., guidance and counseling, parent consultation, advocacy, independent living skills training, crisis intervention, and the like). Thus, The LCD Project was designed with the following objectives:

- identify the major lifelong career development needs of severely handicapped individuals and the extent to which they are presently being met
- design a conceptual career development prototype model that can be implemented at a community college to assure and coordinate continuous delivery of services
- produce a staff development training program and resource materials for community personnel relative to providing lifelong career development services
- implement and field test the prototype staff development training model
- implement and field test the comprehensive career development training program

This chapter will outline the three major activities that were initiated to meet these objectives: 1) a comprehensive needs assessment study, 2) training personnel to carry out the LCD Program, and 3) the results of the implemented programs at the field test sites.

NEEDS ASSESSMENT

The first major activity in the creation of a lifelong career development model was to ascertain the competency levels and learning needs of individuals with

seven types of disabling conditions: 1) cerebral palsy; 2) epilepsy; 3) hearing impairment; 4) mental retardation; 5) multiple handicaps; 6) orthopedic handicaps and 7) visual impairment.

Two major efforts were undertaken during the first four months (September-December 1979): 1) an extensive literative review of life-long learning and career development needs of adults with handicaps, and 2) organizing three distinct advisory committees, i.e., national, community college and a local university impact group.

An extensive review of literature about lifelong learning, handicapped individuals needs, lifelong career development, existing models and projects, and available materials related to the project's objectives was conducted. Materials were classified and filed for project use in developing the prototype model and materials. The literature revealed a paucity of activity in the area of lifelong career development for handicapped adults although over 60 articles attested to its importance for these individuals. A lifelong career development library (Resource Center) was developed and combined with materials from several previous projects of a related nature. This resulted in extensive information regarding disabilities, career development, life and coping skills, training and educational materials. The Rosource Center has become the only one of its kind in the state and numerous requests for its materials are received by researchers, students, and practitioners.

The project involved several types of expertise in developing the prototype model and its materials. The National Advisory Committee held three meetings during the project period. The community college advisors met with the project staff numerous times throughout the project, both at the university and at the various field-test sites. The University of Missouri Advisory Committee consisting of faculty well-versed in community colleges, career development and handicaps met with the staff on eight occasions to provide expert consultation and reaction to the model and products. Minutes of these meetings are available in the project office.

Four separate instruments were developed and administered from January-March 1979 to persons representing the seven disability groups, 104 relatives, 40 agency representatives and 118 individuals from two groups on each campus: community college staff and area employers. The instruments used were the following:

- Disabled Person Questionnaire
- Disabled Person's Relative Questionnaire
- Agency Questionnaire
- Attitude Toward Disabled Persons Scale

Community college LCD Coordinators and their assistants administered the questionnaires which attempted to answer the following research questions:

1. What are the proficiency levels of each disability group for each competency?
2. Do differences or commonalities exist among the competency levels of the seven disability groups? What differences exist due to age or sex?
3. What is the employment status of each disability group? Are employed individuals in sheltered or competitive work settings? What types of jobs are being held by those who are currently working?
4. What proportion of individuals in each disability group would like to receive training from appropriate community agencies? What areas seem appropriate for training?
5. Is there a significant difference between the persons with disabilities perceptions of their competencies and their relatives' perceptions?
6. What barriers to attaining personal and career goals are perceived by the persons with disabilities and their relatives?
7. Are services pertinent to all competencies for all disability groups currently available? Do gaps exist between needed services and available services?
8. What types of assistance do local agencies need to provide career development services to individuals possessing disabilities?
9. What types of training do local agencies believe will be most effective and appropriate in enabling them to provide career development services?
10. What attitudes do community college staff and area employees hold toward persons with disabilities?

Detailed results of the study were prepared and written up in a project working paper entitled: "Lifelong Career Development Needs Assessment Study," July 1979. The interested reader will need to refer to that document for more detailed information. The major findings that we discerned are presented below.

1. Persons with Disabilities and Relatives

- Comparison of the competency levels as reported by individuals who comprised the seven disability groups indicated that those with multiple handicaps, orthopedic handicaps, cerebral palsy, and mental retardation report being less able to perform the competencies than

individuals with visual or hearing impairments or epilepsy. It is important to note, however, that all groups reported experiencing difficulties in performing the competencies.

- Five of the seven disability groups reported less ability in performing skills relating to managing finances and exhibiting self confidence than on other skills. Four of the groups also reported less ability in performing skills relating to home management, family living and raising children, buying and caring for clothing, getting around the community (mobility), and knowing occupational possibilities.

- Relatives' perceptions of competency levels were generally in agreement with those of the persons with disabilities. Differences were found in the areas of managing finances, buying and caring for clothing, achieving self awareness, communicating with others, and selecting and planning occupational choices. In these instances the relatives' perceptions were that persons with disabilities were less able to perform the competency than the persons with disabilities reported.

- A review of the employment status of persons with disabilities surveyed indicated that approximately one-third (56) were currently employed and less than one-eighth (18) were in school or training programs. The groups with the highest proportion of unemployed individuals - multiple handicap, orthopedic handicap, and cerebral palsy - were also the groups who reported being less able to perform the competencies.

- Jobs held by those working were diverse and ranged from work requiring significant training, education and skill to work requiring minimal training and skill. Nine of the 56 employed persons were in a sheltered setting. Those dissatisfied with their employment seek better pay, more personal satisfaction, and opportunity for advancement.

- A comparison of competency levels between those who were working and those not indicated that where differences do exist, those working reported being better able to perform the competency. Reports by relatives also follow this pattern.

- Approximately two-thirds of the persons with disabilities indicated they desired further training. Those who want training report less ability in acquiring self confidence and seeking, securing and maintaining employment. The following groups had the highest proportion of individuals wanting training: multiple handicapped, orthopedic handicapped, cerebral palsy, and mental retardation.

- Persons with disabilities and relative report that the following are barriers to goal attainment for the disabled person: handicapping condition, "nothing" (these may have with their work), lack of/or inadequate education/training, the attitudes of others, transportation/ architectural barriers, self confidence/awareness, knowing about/ securing jobs, finances, motivation, and emotional problems. Forty percent of those who said "handicapping condition" were in the cerebral palsy group.

2. Agencies

- Some service/training/funding was available to all disability groups for all 118 subcompetencies. However, gaps in services may have existed near the various campuses, actual percentages of agencies serving the subcompetencies varied greatly, and no index for the quality of services was developed.

- A tabulation to determine those subcompetencies for which less than one-half of the agencies that serve each group have provisions indicated that 99 percent of those subcompetencies were daily living skills--skills that many disabled persons reported being least able to perform well. Subsequent interviews with agency staff, however, revealed that specific organized services geared to develop personal-social skills were not frequently provided.

- In order to provide career development services, agency representatives identified additional funding, additional staff and inservice training as priority needs.

- Agency and community college staff chose workshops followed by receipt of informational materials and short courses as the preferred types of training to enable staff to provide career development services.

3. Attitudes

- The ATDP attitudinal scale was administered to 62 community college faculty/staff and 56 area employers. The mean scores for the six groups ranged from 110 to 124. Highest score was 180. This indicated that the attitudes tended to be more individualized than stereotypical but that a definite need existed for educational materials to engender more positive attitudes.

The findings revealed a LCD program should particularly emphasize services for the following disabilities: multiple handicaps, orthopedic handicaps, cerebral palsy, and mental retardation. Many learning needs are in the area of daily living skills, the area in which agencies currently offer the smallest proportion of services. Many difficulties were encountered in measuring personal-social skills. Self reports in this area are probably less accurate than for other areas. The difficulty in defining and providing specific services relevant to personal-social skills would indicate a need to offer programming in this area. Both persons with disabilities and relatives indicated a desire for additional services.

The study supported our contentions and that of the literature that daily living and personal-social skills are especially important yet deficient career development needs of many disabled persons. The majority of those surveyed

wanted more training in these areas but we found fewer agencies were available than for occupational preparation. Thus, we concluded that greater efforts to provide these services are necessary if a satisfactory level of career development is to be achieved by these individuals.

The community college advisors and their LCD coordinators provided direct feedback and evaluation of the needs assessment survey at an advisory committee meeting held May 7-8, 1979. This interaction served to assist project staff to complete the needs assessment survey analysis. The remainder of the meeting centered on the development of: 1) a conceptual model of service delivery (roles and functions of community college); 2)an inservice training program and materials to implement the model; and 3) the Resource Guide that will be used by the LCD Team to help carry out the program.

The next section will present the formative evaluation activities that were undertaken to develop the model, staff development program and training/resource materials.

TEAM TRAINING WORKSHOPS

PURPOSE

LCD Team Training Workshops were conducted for each of the LCD teams involved in the project. Developed and conducted by project staff in Columbia, MO., the two-day workshops served a dual purpose. First, they provided the LCD teams the training and information they needed to implement the LCD Programs in their respective areas. In addition to this, the workshops served as field tests for the team training modules later to be completed for this HANDBOOK.

METHOD

The workshops were designed to maximize the team members experiences with process as well as content and to enhance their functioning as an integrated unit. Active involvement in exercises and discussions was required, in addition to more didactic activities in lecture form, and film presentations. Workshop activities included the following topics:

- workshop orientation
- LCD Model on Program Rationale
- question-answer activity about the LCD Program
- interviewing skills
- orientation of LCD program participants
- assessment of LCD program participants

- utilizing an assessment profile
- team staffing simulation
- resource collection
- medical aspects of disabilities
- consultation and training services
- instruction services: The College for Living Program
- personal achievement skills training group
- advocacy and section 504
- program evaluation
- ethics
- public relations
- team planning sessions

In addition to the actual training procedures, steps were taken to evaluate the effectiveness of the workshops, purposes of possible revision and future use. The evaluation had four major components:

1. Cognitive Evaluation
2. Self Evaluation
3. Training Process Evaluation
4. Workshop Content Evaluation

For the Cognitive Evaluation an instrument comprised of forty multiple choice and true-false items was administered in a pre and post-test format (copies of workshop evaluation forms can be found in Appendix B). The items chosen for this instrument were based directly on the content of the workshop activities. An exposure to this material was hoped to result in increased knowledge and understanding of the concepts involved.

A Self Evaluation was also conducted in a pre and post-test format. An instrument was devised to allow each participant to evaluate his or her own level of competence on forty-seven behavioral objectives before and after participating in the training. A five digit likert scale, rating competence from low to high was provided for each item. A rating of five indicated high competence.

A Training Process Evaluation comprised of eight items was also administered to each participant. Each item was ranked from excellent to poor with space provided for comment. Aspects evaluated were organization, thoroughness, pace of training, preparedness, learning atmosphere, training facility, usefullness of training manual and motel accomodations.

For the Workshop Content Evaluation each trainee was asked to evaluate twenty activities and presentations convering the course of training. Each aspect was rated on five diget likert scale with one equaling poor and five equaling excellent on the dimensions of quality and utility.

RESULTS

Results from the evaluation of the Team Training Workshops were as follows.

Cognitive Evaluation

Following training and the administration of both forms of the Cognitive Evaluation of Training but prior to analysis of data, a few items were dropped. This was done because the training staff felt the content covered by the items was inadequately presented during the workshops. An item analysis of the results later confirmed that most participants answered these items incorrectly.

A one-tailed dependent t-test was utilized in comparing the difference in the mean number of correct responses from the pre-test to the post test. Results showed an increase of number correct at the .025 level of significance, indicating that participants significantly increased their knowledge in content areas covered by training.

Self Evaluation

Compilation of results from the Self Evaluation was accomplished by averaging the ratings by the participants for each behavioral objective. Scores on all forty nine items shifted in the positive direction on the post-test, indicating the subjective perception of increased competency resulting from training. The following items had mean scores of less 3.5 for both teams:

- administer and score the Personal-Social Inventory and report results
- write the ICD Plan as determined by the team and participant
- locate existing instructional options for LCD participants
- establish a plan to retain administrative support of the LCD program
- identify local, state and federal funding sources for the LCD program
- develop a system for monitoring program effectiveness
- develop plan for implementation from present to July 1

Training Process Evaluation

All tiems were ranked above average, with most near excellent. Considering both workshops, the highest rating was given to "Preparedness of trainers". The worst average ranking was given for "Pace of training presentation and activities", which many trainees indicated was too fast.

Evaluation of Workshop Content

Of the forty items rated by fourteen individual participants, eleven items were rated average regarding quality and utility. All other items were rated above-average to near excellent.

IMPLEMENTATION OF LCD PROGRAM

PURPOSE

Following training the teams returned to their respective communities and proceeded to implement the LCD Program. Although pre-training conferences and the training itself provided guidelines and suggestions for operation, the LCD teams were confronted with a great deal of uncharted water. The project site teams were to see if the LCD program would meet the goals as set through its model.

Advisory committee members were selected from the community college, agencies, businessess, and the community at large. The LCD Coordinator and team at each site were responsible for dividing and sharing the time and energy commitments necessary to establish LCD as a bonifide human service in the eyes of the general public, community college administration, and other service delivery agencies. In addition to advertisement, community awareness building, and public relations with agency personnel, the team had to ready themselves to provide services as outlined by the seven roles of the program model. Soon, the doors were opened and the LCD programs set in full operation.

METHOD

Several monthly report forms were designed by the project staff and provided to each project site (copies are not included in Appendix C). These forms were intended to provide on-going, monthly feedback to the project staff in Columbia, Missouri, in addition to facilitating record keeping at each site. In all, fourteen report forms were requested each month, covering activities such as: the seven team roles; incoming and outgoing phone contacts; and meeting minutes and summaries.

It was intended that the information from these reports would provide most of the information necessary for the monitoring and evaluation of the program's implementation.

Finally, after the programs had been open to disabled individuals for the ten month period convering August, 1980 through May, 1981, attention was turned toward the outcomes at each project site. An instrument entitled, LCD Program Evaluation Questionnaire (Appendix C) was constructed and administered to the coordinators and community college project advisory persons. Consisting of eleven major questions, each with several discussion points, the questionnaire was designed to obtain feedback concerning the program's effectiveness, and utility from an administrative outlook.

A second instrument entitled, LCD Final Project Evaluation Questionnaire (Appendix C) was administered to the team and advisory committee members. This questionnaire was made up of objective items, utilizing likert scale ratings and rank orderings for the most part. It was designed to ascertain the relative appropriateness of the LCD Model, methods and materials from the staff most involved in their use. A third instrument entitled, Final LCD Project Evaluation of Roles and Functions was also administered. This was designed to obtain information regarding the staff hours that were spent on each major project activity.

In addition to the pencil and paper instruments, the project director conducted on-site interviews with persons from each program to supplement the evaluation information.

RESULTS

During the process of organizing information regarding the ongoing implementation of the LCD Program, an interesting development was encountered. Major aspects the programs at the two project sites were not evolving in a consistently parallel fashion. This made the final compilation of results a more complex task than anticipated. In order to present as clear a picture as possible, separate descriptions will be given of the implementation of the LCD Program at each project site regarding their dissimilarities.

IOWA CENTRAL COMMUNITY COLLEGE (ICCC)

The LCD team at Fort Dodge, Iowa, had somewhat of an advantage from the onset of their program. The community college which has about 2,000 students, has a staff position entitled Special Needs Coordinator, designed to function by

providing services to the disadvantaged and handicapped. This person assumed the role of LCD Coordinator. In addition, a sheltered workshop and the regional office of the Vocational Rehabilitation Educational and Services Branch were actually located on the campus. They have over 200 faculty and a broad range of programming.

In essence, ICCC had a skeletal framework already in place, and utilized the LCD materials, philosophic concepts, training and model to add substance, breadth and motion. This situation also had the effect, however, of causing the program to be somewhat of a hybrid, with more focus on the community college itself than in described in the program's conceptual model (see Chapter 3). This should not be construed as a negative commentary. The LCD program at ICCC has had quite an impact on that community.

In order to describe their program implementation process, the average number of staff hours per month was calculated for each of seven team roles: Career Assessment, LCD Planning, Information Service, Advocacy, Instruction, Training Services, and Resource Collection. An eighth category for other program-related activities was also added for clarification. Descriptions of the seven roles are located in Chapter 3 of this HANDBOOK. This, plus additional information was taken from the Final LCD Project Evaluation of Roles and Functions (Appendix C). A synopsis of the results follows. This information pertains to the first nine months the program was available to participants (disabled persons).

- Nearly twice as many staff hours were spent per month on indirect services than were spent on direct client services
  - A majority of the indirect services involved the roles or Training and Information Service offered to ICCC personnel and other agency staff.

- The team role of Instruction was not implemented, because of the absence of funds to support new curriculum and instructors.

- A total of four LCD participants underwent LCD Planning; while six participants received Career Assessment services.

- Six participants received services under the role of Advocacy.

- Two staff hours per month were spent developing and updating the Resource Collection.

- Approximately twenty staff hours per month were spent on other activities such as: establishing relationships with other community agencies, community awareness building, and program advertisement through posters, brochures and radio spots.

- The largest increase in client service was to the 18 to 25 year old handicapped persons who could become enrolled in full time vocational/technical and arts and science programs at the community college.

- The major impact of the LCD program was its provision of philosophy and materials to programming and services already in existence at the community college.

BRAINERD COMMUNITY COLLEGE (BCC)

Set in a rural area of Minnesota, BCC is a fairly small school, having about one-third the enrollment of ICCC. Prior to the inception of the LCD program at BCC, there were no special services or personnel specifically designed for disabled persons. When the LCD program opened its doors to participants there were nine disabled students enrolled at the college, some of whom were recruited by LCD team members while the program was in its preparatory stages.

Contrary to the situation at ICCC, no staff positions, office space or curriculum existed that could facilitate the establishment of the LCD Program. Outside funding had to be located for the coordinator's salary. To aid in the description of the LCD Program during the first nine months of participant services, a summary of the results from the Final LCD Project Evaluation of Roles and Functions follows.

- More than three times as many staff hours were spent in roles providing direct client services, as were spent in indirect services.

- Lack of funding prevented the implementation of the role of Instruction.

- Training services were accorded about equally to community college personnel and other agency staff persons.

- A total of ten participants received Career Assessment services and LCD Planning.

- Advocacy services were provided for seventeen participants.

- The vast majority of staff hours was spent in other activities involving: increasing community awareness of the special needs of disabled persons; relationship building with community college administration; seeking operational funding; program advertisement; and improving accessibility for the handicapped in the community.

Hopefully, these summarized results make obvious the differences in the programs at the two project sites. LCD at Iowa Central served to increase greatly the quality and depth of programming that was already set in a framework. At Brainerd, LCD provided the initial foundations for establishing community awareness and programming for the disabled.

Two other instruments were administered relative to the implementation process at the two project sites. The first was the LCD Program Evaluation Questionnaire, which was responded to by community college administrators and team coordinators. The second was the LCD Final Project Evaluation Questionnaire, which was administered to LCD team and advisory committee members. Both forms were designed to extract opinions on the soundness of some of the more basic conceptual aspects of the program's model and methods, as gained through first hand experience. The results were surprisingly similar from both sites on both forms. The only marked dissimilarities occurred when advisory committee members rated items "Neutral or No opinion" because of no first hand exposure to the elements being approached.

The following is a summary of the results from these two instruments. Again, only those items that were responded to in decidedly similar ways will be included.

- The disabled persons that became participants seemed to constitute a sub-sample of those identified in the needs assessment survey. Most participants were fairly high functioning and interested in gaining employment.

- The LCD conceptual model is sound, and vital for guaranteeing a full range of services to disabled persons.

- The service coordination (linkage) component is a vital aspect of the program, although some resistance to it was shown by other agencies, the consensus opinion was that more time would be necessary to completely integrate this new component in an established system such as human services.

- An individual with a disability that receives a service from LCD staff persons, including information and referral, should be identified as a "participant." Disabled persons coming for specific answers to questions and those directly referred to other agencies constituted the vast majority of contacts. However, these persons were not documented as participants since the services they received did not fall under a specific role from the program model.

- The advisory committee functioned most effectively by members receiving information and progress reports from the team, then passing them on to facilitate the linkage component.

- Time limitations, unwieldly report forms, and some confusion about how to classify certain contacts and activities resulted in few documentations of services that were actually provided.

- The 22 life-centered competencies are an essential basis for operating an LCD Program. Most staff persons felt that their program had not been in operation long enough to demonstrate its effectiveness in facilitating competency attainment.

- It was strongly agreed that the community college is the most appropriate setting for an LCD Program; both in regard to supplementing agency resources, and enhancing recruitment of handicapped persons.

- To facilitate the success of an LCD Program agency administrators should assign a staff member to the LCD Team as part of their regular responsibilities.

- Some communities will want to implement only portions of the LCD Program; and the HANDBOOK lends itself easily to that kind of use.

The following section will include conclusions derived from the accumulation of results summarized above.

CONCLUSION

1. Most disabled persons surveyed identified daily living skills as a priority training need. But, personal-social and occupational guidance and preparation were also clearly major learning needs. Both persons with disabilities and their relatives indicated a desire for additional services. Thus, the Needs Assessment Study supported the contention of the project staff that an LCD type program was needed.

2. More time than initially anticipated appears to be required for the establishment of an LCD Program within a community. The amount of time and effort spent on activities such as community awareness building and program advertisement may depend on the quantity and quality of services that already exist in the community.

3. It was initially puzzling that those disabled persons who came to the LCD Programs in the first year were very different from, and expressed different needs, than were anticipated by the needs assessment survey results. In retrospect, however, it appears logical that the highly motivated, higher functioning persons who have attained the lower level competencies would be the first group to make contact. In addition, job-oriented needs appear to be those most expressed by this group.

4. An unanticipated development was the sporatic and incomplete use of the monthly report forms that were to be the basis of evaluation information concerning program implementation. Too numerous and inflexible to allow for convenient yet comprehensive use, the forms were discarded and replaced by a new, single form (see Appendix F).

5. A consequence of the inadequacies of the old forms is that the results of program implementation reflect only about one-fourth of the participants actually served by LCD staff persons. The vast majority of disabled persons who made contact with LCD did not receive services delineated under the seven team roles, and consequently were not identified in documentation. These persons either came in for answers to specific questions or were directly referred to a particular agency upon presentation of a problem situation.

6. Much of the total impact of the LCD Programs at both sites cannot be discerned from the formal information collected around the seven team roles. For example, in Brainerd one of the major accomplishments of the program has been the increase in community awareness of handicapping conditions. Another achievement was the formation of TAD (The Able Disabled) which is a support group of disabled persons, advocates and friends. TAD members have been representing the group in community government meetings; putting on

awareness workshops; and providing advisement concerning transportation and architectural barriers around the community.

7. In Fort Dodge, some of the greatest impact of LCD is also out of our formal evaluation boundaries. The ICCC assessment center, now utilizing LCD materials is serving twenty-three clients per month. Two educational programs for special needs populations are using all of the LCD materials and resources in their work. Finally, the area GED Teacher Inservice Program regularly attend LCD workshops and inservices to facilitate their service offerings.

The LCD project staff consider the research project successful. As personal testimony, community college administrators from both sites offered letters to be added to this text (See Appendix D). They speak as well as any for the accomplishments of the LCD Program.

CHAPTER 3

THE LCD PROGRAM MODEL

Opportunities for learning abound in our society for non-disabled people while those available for individuals with disabilities are often less in terms of quality and number. Although a multitude of agencies exist to serve varying needs of disabled persons, no one agency is actually available to guide these individuals into proper career development services. One agency that has recently emerged as possibly filling this need, as well as that of direct service provider, is the community college, which offers a setting reflective of dignity and normalcy. Thus, it was decided to select the community college as the agency to help develop and field-test the Lifelong Career Development (LCD) concept and model initiated at the University of Missouri-Columbia.

The LCD Program described in this chapter was developed over a three-year period (1978-1981) and with the assistance of four community colleges in the Midwest. This chapter will describe the various and major components of the LCD Model: life-centered career development, goal and objectives, the team and its roles, the advisory committee and its roles, and the program model.

LIFE-CENTERED CAREER DEVELOPMENT

In Chapter 1, the 22 life-centered competencies which form an important component to the LCD Program were briefly introduced. These competencies are the outcome of an initial effort begun by the senior author in 1970 to design a vocationally-oriented special education teacher training program. Later, this effort led into a larger scale effort (Project PRICE, 1974-77) to develop a career education, competency-based curriculum for students with handicaps[1] in K-12 programs. The result was a Life-Centered Career Education (LCCE) Curriculum Model (Brolin, 1973) promoting the student's acquisition of the 22 competencies and 102 sub-competencies categorized as: (a) daily living, (b) personal-social, or (c) occupational skills. These competencies represent what research, practitioner experience, and expert opinion have deemed essential for successful career development. The three curriculum areas (categories), competencies and subcompetencies are presented in Table 2.

[1]The terms disabled and handicapped are used synonymously in this HANDBOOK. We do realize the terms are technically different but have chosen to use them as one for the purpose of this publication.

Curriculum Area	Competency		
Daily Living Skills	1. Managing Family Finances	1. Identify money and make correct change	2. Make wise expenditures
	2. Selecting, Managing, and Maintaining a Home	6. Select adequate housing	7. Maintain a home
	3. Caring for Personal Needs	10. Dress appropriately	11. Exhibit proper grooming and hygiene
	4. Raising Children, Enriching Family Living	14. Prepare for adjustment to marriage	15. Prepare for raising children (physical care)
	5. Buying and Preparing Food	18. Demonstrate appropriate eating skills	19. Plan balanced meals
	6. Buying and Caring for Clothing	24. Wash clothing	25. Iron and store clothing
	7. Engaging in Civic Activities	28. Generally understand local laws & government	29. Generally understand Federal Government
	8. Utilizing Recreation and Leisure	34. Participate actively in group activities	35. Know activities and available community resources
	9. Getting around the Community (Mobility)	40. Demonstrate knowledge of traffic rules & safety practices	41. Demonstrate knowledge & use of various means of transportation
Personal-Social Skills	10. Achieving Self Awareness	43. Attain a sense of body	44. Identify interests and abilities
	11. Acquiring Self Confidence	48. Express feelings of worth	49. Tell how others see him/her
	12. Achieving Socially Responsible Behavior	53. Know character traits needed for acceptance	54. Know proper behavior in public places
	13. Maintaining Good Interpersonal Skills	58. Know how to listen and respond	59. Know how to make & maintain friendships
	14. Achieving Independence	62. Understand impact of behaviors upon others	63. Understand self organization
	15. Achieving Problem Solving Skills	66. Differentiate bipolar concepts	67. Understand the need for goals
	16. Communicating Adequately with Others	71. Recognize emergency situations	72. Read at level needed for future goals
Occupational Guidance & Preparation	17. Knowing & Exploring Occupational Possibilities	76. Identify the personal values met through work	77. Identify the societal values met through work
	18. Selecting & Planning Occupational Choices	82. Identify major occupational needs	83. Identify major occupational interests
	19. Exhibiting Appropriate Work Habits & Behaviors	87. Follow directions	88. Work with others
	20. Exhibiting Sufficient Physical-Manual Skills	94. Demonstrate satisfactory balance and coordination	95. Demonstrate satisfactory manual dexterity
	21. Obtaining a Specific Occupational Skill		
	22. Seeking, Securing, & Maintaining Employment	98. Search for a job	99. Apply for a job

Table 2

Subcompetencies — **Life Centered Career Education Competencies**

3. Obtain and use bank and credit facilities	4. Keep basic financial records	5. Calculate and pay takes		
8. Use basic appliances and tools	9. Maintain home exterior			
12. Demonstrate knowledge of physical fitness, nutrition, & weight control	13. Demonstrate knowledge of common illness prevention and treatment			
16. Prepare for raising children (psychological care)	17. Practice family safety in the home			
20. Purchase food	21. Prepare meals	22. Clean food preparation areas	23. Store food	
26. Perform simple mending	27. Purchase clothing			
30. Understand citizenship rights and responsibilities	31. Understand registration and voting procedures	32. Understand Selective Service procedures	33. Understand civil rights & responsibilities when questioned by the law	
36. Understand recreational values	37. Use recreational facilities in the community	38. Plan and choose activities wisely	39. Plan vacations	
42. Drive a car				
45. Identify emotions	46. Identify needs	47. Understand the physical self		
50. Accept praise	51. Accept criticism	52. Develop confidence in self		
55. Develop respect for the rights and properties of others	56. Recognize authority and follow instructions	57. Recognize personal roles		
60. Establish appropriate heterosexual relationships	61. Know how to establish close relationships			
64. Develop goal seeking behavior	65. Strive toward self actualization			
68. Look at alternatives	69. Anticipate consequences	70. Know where to find good advice		
73. Write at the level needed for future goals	74. Speak adequately for understanding	75. Understand the subtleties of communication		
78. Identify the remunerative aspects of work	79. Understand classification of jobs into different occupational systems	80. Identify occupational opportunities available locally	81. Identify sources of occupational information	
84. Identify occupational aptitudes	85. Identify requirements of appropriate and available jobs	86. Make realistic occupational choices.		
89. Work at a satisfactory rate	90. Accept supervision	91. Recognize the importance of attendance and punctuality	92. Meet demands for quality work	93. Demonstrate occupational safety
96. Demonstrate satisfactory stamina and endurance	97. Demonstrate satisfactory sensory discrimination			
100. Interview for a job	101. Adjust to competitive standards	102. Maintain postschool occupational adjustment		

The nine Daily Living skills relate to four types of work activities: avocational, family, leisure, and civic involvement such as volunteer work. Inspection of these competencies, however, should also reveal their occupational implications for career development. For example, an individual adept and interested in Competency #1 might be guided toward occupations in that category.

The seven Personal-Social skills relate to work in family, community, and occupations. These competencies include understanding self, building confidence, solving problems, becoming independent, etc., which are those found to often be the disabled person's major problem in securing and maintaining employment in later years.

The six Occupational skills are obviously critical for employment. Two of the competencies pertain to learning about occupations and making appropriate choices; three relate to building specific vocational skills; and one focuses on the process of seeking, securing, and maintaining a job.

Life-centered competency development requires the cooperation of the disabled individual's family, community agencies and organizations, and business and industry. Thus, the LCD approach requires the active participation of each of these groups in the individual's program to better assure the acquistion of those skills felt necessary for successful career development.

Goal and Objectives of the LCD Program

Lifelong career development is a systematic approach to acquiring skills and services needed by handicapped persons to achieve and maintain their optimal degree of independent functioning throughout the life span. The program is designed to address four important aspects of human services:

1. A normalized setting: Providing a more normal setting (the community college) for discussing with handicapped persons their problems and needs relative to daily living, personal-social, and vocational functioning and making plans for their amelioration.
2. Linking service providers: Providing a location and method by which community agencies can work together more cooperatively with the community college to meet the needs of adults who are handicapped.
3. Focus on career development: Providing opportunities for the handicapped individual to acquire all of the skills necessary for a successful career, i.e., as an employee, homemaker, volunteer, or participant in a productive avocation.

4. Services throughout the life span: Providing a central location where the handicapped individual can seek services as needed throughout adulthood.

LCD is a multifaceted program designed to serve several target groups. The goal and objectives of the program are straightforward. The chart below lists the LCD Program's goal, objectives and methods to accomplish each objective.

THE LCD PROGRAM

Goal Improve opportunities for adults with disabilities to achieve a satisfactory level of career development.

OBJECTIVES	METHOD
• Improve delivery of services to disabled adults	By organizing a network of community and community college services
• Meet needs of disabled adults relative to achieving 22 Life-Centered Competencies	By providing career assessment, life-centered career development planning, information, referral to existing services and development of additional programs at a community college and other settings
• Improve skills of non-disabled persons for interacting with disabled individuals and better meeting the career development needs of persons with disabilities	By providing training and information services to professionals and others

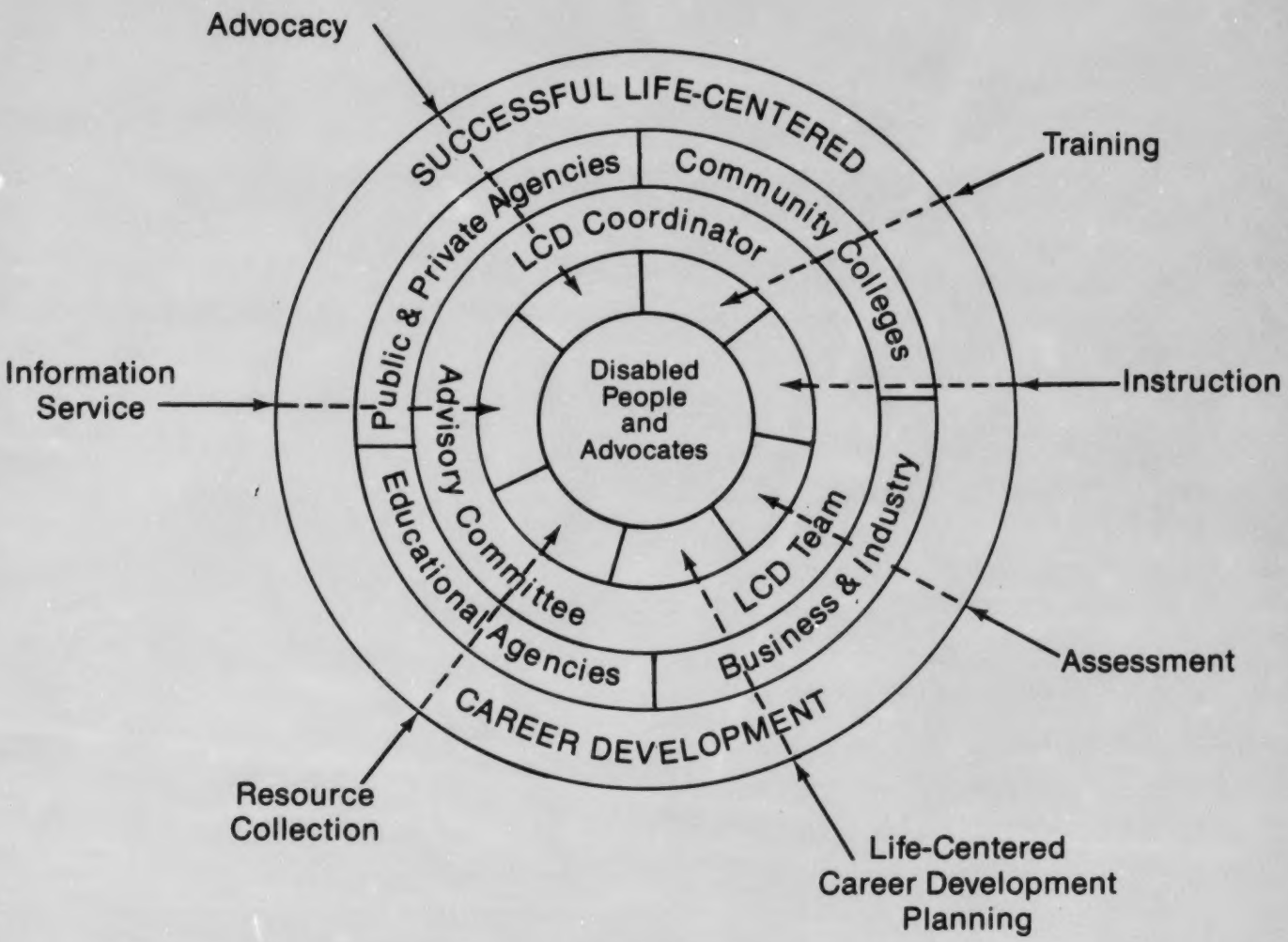
A conceptual model of LCD is presented in Figure 1 to further illustrate its dimensions. What the model attempts to portray is the following:

- Disabled people and those concerned about their career development
- Who need one or more of the seven services
- Which are coordinated by a LCD Coordinator, Team and Advisory Committee
- Who utilize various community resources to that
- Successful career development can be achieved.

Now that we have introduced the various dimensions of the LCD approach, we need to introduce the most important component of all, the LCD Team headed by a Coordinator.

FIGURE 1

LCD CONCEPTUAL MODEL



Explanation of Model

- Disabled people and those concerned about their career development
- Who need one or more of the seven services identified above
- Which are coordinated by a LCD Coordinator, Team & Advisory Committee
- Who utilize various community resources so that
- Successful career development can be achieved.

The LCD Coordinator and Team

The Lifelong Career Development (LCD) Program operates through a team approach. The team engages in seven distinct roles found to be essential to provide comprehensive career development services to disabled individuals in community settings.

THE LCD COORDINATOR

The LCD Coordinator is responsible for directing LCD personnel and providing LCD services to adults with disabilities and others in the community. He or she works closely with community agencies and other groups and individuals concerned about the career development of persons with disabilities. The coordinator, skilled in the areas of leadership, communication and public relations, guides program development and contributes considerable manpower to program activities.

The LCD Coordinator ideally should be a member of the community college staff. He or she should be experienced and knowledgeable about community resources and systems and persons with disabilities. Detailed description of the position is presented in Chapter 4.

THE LCD TEAM

The LCD Team is central to development and implementation of the program. This group of 6-10 people provides the core of manpower and expertise required to conduct the program. Without question, the importance of the team to overall program success cannot be overstated.

The team is composed of disabled consumers and/or family members, community college staff and agency personnel. This cross section of knowledge, experience and interests maximizes the team's ability to implement an effective program.

TEAM ROLES

The team, under leadership of the LCD Coordinator, conducts a service that fills seven distinct roles. These roles are briefly described as:

1. Training: Developing and conducting various training services for individuals and groups, to help them provide better services to persons with disabilities.

2. Instruction: Increasing availability of learning opportunities for adults with disabilities by developing support courses and other resources in the community.
3. Career Assessment: Evaluating the individuals' skills and learning interests relative to life skills.
4. Life-Centered Career Development (LCD) Planning: Developing with the individual a workable individual Career Development Plan based on the training interests, needs, and options available at at the college and in the community.
5. Resource Collection: Making available to all interested community members a collection of disability and related information and resources that can assist them in lifelong career-development services and functioning.
6. Information Service: Providing information and suggestions to community college faculty and staff, agency personnel, employers, handicapped persons, their families, and others concerned about providing for the career development needs of these individuals.
7. Advocacy: Facilitating effective advocacy by preparing disabled persons to become self-advocates, serving as a resource to disabled persons, and becoming advocates for persons with disabilities.

Ideally, team members should be substantially involved in most of these roles. The extent of each team member's involvement will depend on release time and the person's other job responsibilities. The goal and objectives of the seven roles will now be more completely described.

The Seven Roles of the LCD Team

TRAINING ROLE

Goal Improve preparedness of various individuals to interact with disabled individuals and respond to disability-related concerns.

Objectives
a. Determine training needs in the community relative to disabilities
b. Facilitate use of existing training resources.
c. Develop appropriate forms of training as needed.

d. Conduct various training services including (but not limited to) workshops, seminars, panel discussions, media presentations and speakers.

e. Evaluate effectiveness of training conducted.

Description of Activities Through the role of Training, team members develop and conduct inservice training and awareness building experiences for community college faculty, staff and students, agency personnel, employers, disabled people and others in the community. This educational outreach can be a significant contribution of the LCD Program to professionals and others who interact with disabled people. This, in turn, benefits disabled individuals by preparing others to interact with them more successfully. Types of training provided by the LCD Program depend upon the community's needs, the team's resources and available opportunities.

EXAMPLES OF TRAINING

- Inservice training for community college faculty and staff focusing on adaptation of curriculum and instructional methods to accommodate disabled students.
- A presentation by disabled adults followed by a question and answer session conducted in grade school classes to increase children's awareness about disabled people.
- A seminar for employers wishing to learn more about legislation related to disabled people in the work force.
- A workshop for disabled adults on the topic of accessible housing.
- A speaker for the luncheon meeting of a community civic club to address the topic "1981, International Year of Disabled Persons."

Considerations Consider the following points when implementing the role of Training:

- Utilize all available manpower and resources to implement training. For example, recruit a team of disabled citizens willing to participate in panel discussions and serve as speakers when opportunities arise.
- Many of the training modules contained in Part 3 of the LCD HANDBOOK can be modified for use with audiences other than team members. Whenever possible, use the modules or parts of them to develop training. This saves time and effort.

- Evaluation of training efforts is essential. As you plan each training event, choose the method you will use to get input and feedback from trainees and use it.
- Utilize evaluation data to improve future training and to document effectiveness of services.
- More detailed information about the role of Training is presented in Chapter 4.

INSTRUCTION ROLE

Goal Increase availability of learning opportunities to meet the career development needs of disabled adults.

Objectives
a. Determine availability of instructional resources for disabled adults in the community and at the community college
b. Facilitate disabled adults' use of existing learning opportunities.
c. Develop and/or conduct programs to fill unmet learning needs of disabled adults.

Description of Activities The focus for the role of Instruction is twofold: (1) to facilitate use of existing learning opportunities and (2) to assist in development and implementation of instruction to serve needs unmet by current resources. Team members gather information about resources available in the community and refer disabled individuals to them as needed. When appropriate instruction is not available, the team may develop support courses or individualized learning opportunities to meet specific needs. Specially developed support courses may be organized around the 22 competencies or the three domains of Daily Living, Personal-Social and Occupational skills.

EXAMPLES OF GROUP INSTRUCTION

- A course on cooking skills for people with limited use of their hands.
- An activity-oriented class on recreation opportunities for mobility-impaired people in the community.
- A structured growth group for disabled individuals to build self-awareness and self-confidence.
- An interpersonal and communication skills course for disabled individuals.
- A career exploration group for disabled adults.
- A job seeking skills course specifically geared for adults with mental retardation.

In some cases, the person's needs are best met through individualized instruction. The services described below exemplify this type of instruction.

EXAMPLES OF INDIVIDUALIZED INSTRUCTION

- One-to-one instruction is arranged for a woman with cerebral palsy to learn to swim at the UMCA.
- An opportunity for on-the-job career exploration is arranged with a local architectural firm for an orthopedically disabled person interested in drafting.
- A blind instructor at the community college provides campus orientation to a new student who is blind.

Considerations Consider the following points when implementing the role of instruction:

- Disabled adults are the target group to receive services under the role of Instruction. This contrasts with the role of Training Services in which professionals, family members, employers or others as well as disabled individuals may be the target audience.
- In planning support courses, consider offering courses through established programs like adult or continuing education or the community college. This may lessen the work involved in planning and increase the course's visibility to prospective students.
- Relatively inexpensive curriculum materials are available to teach many of the 22 Competencies. Use of the materials greatly simplifies course planning.
- Consider recruiting volunteers to teach some of the support courses developed through the LCD Program.
- Agencies may wish to refer clients to support courses offered by the LCD Program.
- Advisory Committee members may be able to help arrange individualized instruction opportunities in the community.

CAREER ASSESSMENT ROLE

Goal Evaluate disabled individual's skills and learning interests relative to the 22 Life-Centered Competencies.

Objectives
a. Obtain background information.
b. Select and administer the Career Development Inventory (CDI) and/or other appropriate assessment instruments.
c. Prepare a profile of results and confidential file for the person.
d. Discuss results with the individual.

Description of Activities During Career Assessment, a member of the LCD Team uses the cumulative record file called the Career Development Record (CDR) (in Appendix D of the LCD Handbook) to gather background information, administer the Career Development Inventory (CDI) and prepare a Career Development Profile. If appropriate, additional assessment instruments may be administered and, in some cases, it may be advisable to seek records of previous evaluations.

EXAMPLES OF CAREER ASSESSMENT

- A team member uses the Background Information form in the Career Development Record (CDR) to collect information to help a disabled person identify his development needs and goals.
- A team member administers the Career Development Inventory (CDI) and the Social and Prevocational Information Battery to identify training needs of a mentally retarded adult who plans to move into a group home.
- A team member reads items aloud from the Strong Campbell Interest Inventory to a blind individual who wants to explore her career interests.
- A man with cerebral palsy and a team member discuss areas of training needs suggested by CDI results.

Considerations Consider the following points when implementing the role of Career Assessment:

- An individual's first contact with the assessment process should involve person-to person interaction, not paperwork. Forms and instruments can be completed later.

- Explain that records are confidential.
- Don't move too quickly or pressure the person. Be flexible and responsive to the needs of the individual you are assessing.
- Administer the CDI and/or other assessment instruments as appropriate. Examples: Tests for Everyday Living, Social and Prevocational Information Battery, or vocational evaluation instruments.
- Obtain records from other sources only when there is a specific need. It should not be a routine measure. Always get the disabled individual's (or guardian's) written permission.

LIFE-CENTERED CAREER DEVELOPMENT (LCD) PLANNING ROLE

Goal Develop a workable Life-Centered Career Development (LCD) Plan.

Objectives
a. Involve the disabled individual in planning.
b. Generate options for services to meet the person's needs.
c. Identify the individual's strengths and weaknesses for use in LCD Planning.
d. Write an LCD Plan that is responsive to the individual's goals.
e. Assess progress through follow-along contacts with the person.

Description of Activities LCD Planning is an important service to individuals with disabilities. Through this process, assessment data and information gathered from the disabled individual are analyzed, service options are generated, and specific goals and plans are established. Then, through ongoing contacts with the person, a member of the team follows progress toward these goals.

STEPS IN LCD PLANNING

1. One or two team members meet with the disabled person to discuss the individual's goals and options available to help achieve them.
2. Together the individuals and team member(s) write an LCD Plan using the format provided in the CDR.
3. Consult with the team if additional input is needed.
4. As the LCD Plan is implemented, a team member provided follow-along to monitor progress through regular contacts with the individual and service providers.

Considerations Consider the following points when implementing the role of LCD Planning:

- Remember, the team's role is to plan with, not for, the individual. Actively involve the disabled person in planning. In some cases it also may be appropriate to involve the family.

- In planning sessions, deal directly with the disabled person rather than relying on family members or friends. This should be a general policy although exceptions may arise.

- The LCD Planning process may require several meetings with the individual. Length of time required to establish a workable LCD Plan will vary.

- Consult with the team, advisory committee or other resource people if encountering difficulties in LCD Planning. The disabled individual should remain anonymous during such interactions with advisory committee members or resources outside the LCD Program.

- A meeting of the entire team with the disabled person is not proposed in LCD Planning because some individuals might feel intimidated. However, for some persons a group meeting may be feasible and useful. Select the process that best accommodates the disabled person.

- If appropriate resources are not available to meet a disabled person's needs, consider establishing an individualized service or training opportunity as described under the team role of Instruction.

- When ever possible, the team member responsible for follow-along should be someone with whom the disabled person has rapport. This can be facilitated by including the follow-along person in LCD Planning meetings with the person.

- Follow-along contacts should occur once a month, preferably in person.

- The team member responsible for follow-along should conduct the Exit Interview when the person is ready to conclude participation in the LCD Program. A format for this interview is provided in the CDR.

RESOURCE COLLECTION ROLE

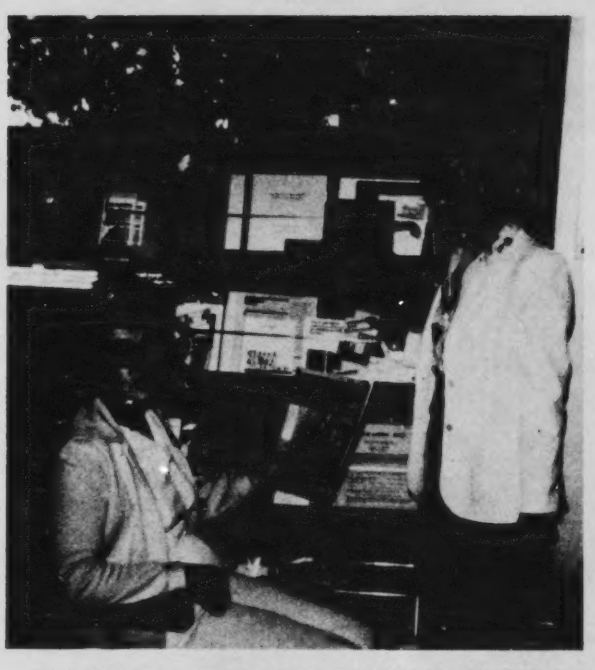
Goal Make available disability-related information and resources to interested individuals.

Objectives a. Collect and organize resources in an accessible manner.

b. Respond to requests for information available in the Resource Collection.

THE IOWA CENTRAL LCD TEAM IN A PLANNING SESSION

Above: Team members are: Luverne Bierle (LCD Coordinator); Pauline Olson, Carl Larson, Joan Abram, James Weires, Harold Frentress, Wayne Goodno and Marvin Lewis.



Below: Inez Giles (Team Member) and Neva Williams (LCD Coordinator).

RESOURCE COLLECTION AT BRAINERD

- If your community chooses to implement a modified version of the LCD Program Model focusing on a limited number of the seven team roles, consider establishing a Resource Collection to provide information for use in conducting those roles.

- All team members should become familiar with the organization and contents of the collection so they can locate materials easily.

- Survey local resources as soon as possible and include the information in the collection.

- Ask members of the LCD Advisory Committee to share information about new resources and materials. This may be included as a regularly scheduled activity during committee meetings.

INFORMATION SERVICE ROLE

Goal Provide appropriate information and referrals in response to requests from individuals in the community.

Objectives a. Clarify the request for information.

b. Formulate and communicate the information or referral in response to the request.

c. Follow up to determine whether information or referral was satisfactory.

Description of Activities Through the role of Information Service, team members respond to requests from individuals having questions or problems related to career development of disabled individuals. Requests may come from community college faculty and staff, agency personnel, employers, disabled people, their families and others. The role of Information Service may be as simple as referring a person on the phone to an appropriate resource or as complicated as consultation on in-depth program planning.

Team members obtain information about circumstances surrounding the request and formulate recommendations to meet the needs of the individual(s) requesting assistance. The process ends with communication of the information or referral and follow-up to determine if results are satisfactory.

Activities that fall within the realm of Information Service may seem elusive for several reasons. It differs from some of the other program-related task because team members do not initiate the action. The team does not plan their Information Service activities as they might plan the development of the Resource Collection or a training workshop. Instead, team

members become available to respond to issues and problems that others bring to them. Also, it is easy to forget that day-to-day problem-solving often falls within the role of Information Service.

EXAMPLES OF INFORMATION SERVICE

- A community college instructor asks for help in modifying instructional techniques to teach a disabled student.
- A business firm asks for assistance in planning a convention that is accessible and convenient for participants with disabilities.
- The spouse of a disabled person requests help in locating a local support group for families of disabled people.
- A wheelchair user attending the community college asks the LCD Coordinator for help when the elevator in the classroom building is out of order for an extended period of time.

Considerations Consider the following points when implementing the role of Information Service:

- Be sure you understand a person's request before attempting to provide recommendations.
- Providing information successfully depends to some extent on the interviewing skills of the team member.
- Use the Resource Collection to help you address requests.
- Follow up with the person to determine whether your recommendation resulted in a satisfactory outcome.
- Team members should keep records of their activities within this role. Without these records, day-to-day services that demonstrate effectiveness of the LCD Program may not be documented.

ADVOCACY ROLE

Goal Facilitate effective advocacy involving individuals who are disabled.

Objectives a. Prepare disabled individuals to become self-advocates.

b. Serve as a resource to disabled individuals pursuing advocacy.

c. Become advocates for individuals with disabilities.

Description of Activities Through this role, team members become involved in various types of advocacy for disabled adults with a focus on preparing disabled individuals to be effective self-advocates. Team members well-versed on relevant legislation, bargaining techniques and resources work with disabled people who wish to solve specific problems or improve self-advocacy skills.

EXAMPLES OF ADVOCACY

- Team members conduct a seminar for disabled people on bargaining and negotiation techniques.
- The team helps to organize a self-advocacy group composed of disabled citizens in the community.
- At a disabled person's request, a team member provides feedback about the wording of a grievance to be filed with Office of Civil Rights.
- The team conducts a workshop on legal rights for disabled individuals and advocates.
- A member of the team who is disabled joins the city transportation committee to represent concerns of disabled citizens.

Considerations Consider the following points when implementing the role of Advocacy:

- Remember the team's primary objective for this role is to help others help themselves.
- Whenever possible use this general strategy: (1) first, work to help individuals solve problems or pursue issues on their own; (2) act on the person's behalf if other avenues are unsuccessful. There may be circumstances for which this approach is inappropriate, but try to implement it whenever possible.
- Knowledge and expertise of team members is especially important to success in the role of Advocacy. The following are key areas: relevant legislation, bargaining and negotiation techniques, and advocacy resources.

The seven roles constitute the services provided by the LCD Team. The target audience for each role is high-lighted in the following chart.

TARGET GROUP FOR EACH ROLE

LCD Roles Geared to Serve Disabled Adults	LCD Roles Geared to Serve Disabled and Non-Disabled Persons
• Instruction	• Training
• Career Assessment	• Resource Collection
• LCD Planning	• Information Service
• Advocacy	

LCD Advisory Group

The LCD Advisory Committee, composed of community college, agency, and consumer representatives, serves as a resource to the team in developing the LCD Program. An enthusiastic committee, well-versed in LCD's goals and activities, expands the program's resource and knowledge base and fosters deeper roots in the community.

Typically, advisory committees develop in one of two directions: (1) members operate as a token committee-- attending meetings to hear about program developments and offering minimal commitment of time, energy or support; or (2) members participate as a working committee evaluating the program's progress, recommending improvements, and sharing their ideas, expertise and time whenever possible. Within the framework of the LCD Program, cultivation of the latter level of involvement is vital to achieving maximum impact in the community.

The following points should be considered when forming and refining the LCD Advisory Committee:

- Select members carefully. Look for people who are open-minded about the program and willing to expend effort as a committee member.
- Be sure the committee represents a cross section of the community. Include representatives from consumer groups, business and industry, local government and civic organizations as well as school, college and agency personnel.
- Clearly explain to prospective committee members the goals and organization of the LCD Program, the committee's function and the level of involvement expected.

- An attendance criterion may be helpful in "weeding out" inactive members. For example, to remain on the committee, members must attend at least two of every four meetings. Establishing a term of membership also can be useful. Inform prospective members about criteria.

- Schedule meetings well in advance. Give at least a month or six weeks notice.

- Mail an agenda to members before the meeting and specify areas for the committee's input.

- Mail minutes of meetings to members, especially to those unable to attend.

- Periodically evaluate the committee and make membership changes as needed.

More specifically, the advisory committee participates in activities related to five areas: linkage of services, consultation, manpower and expertise, resource information, and community support. These committee functions or roles are described below.

One of the committee's most important contribution is the linkage of community services, an essential element of the LCD Program. An active committee composed of a cross section of representatives from agencies, consumer groups, business and education can function as a loosely organized network of services. Participation as a committee member affords the opportunity to meet and communicate with other people in the community interested in the concerns of disabled individuals. The committee can establish channels of communication to better coordinate existing services.

Advisory committee members serve as consultants to the team regarding different aspects of the LCD Program. As examples, committee members provide input to the team about program plans and recommend changes. The committee may assist the team in determining referral options for disabled individuals in the program.

Participation of the advisory committee also expands the availability of manpower and expertise to implement program activities. A member may speak at an LCD-sponsored workshop or teach a support course to disabled adults. The team should encourage advisory committee members to share their expertise in conducting selected program activities.

The advisory committee is a valuable source of information about local, state and national resources related to disability. Members can assist the team in

keeping the Resource Collection up-to-date by bringing new books and materials to committee meetings to show the team and participating in efforts to document local resources.

Through their contacts with disabled individuals, professionals and others in the community, advisory committee members also can increase community support by conveying information and vaorable attitudes about the LCD Program. Committee members should be encouraged to inform their colleagues about the program and participate in public relations efforts.

THE LCD PROGRAM MODEL

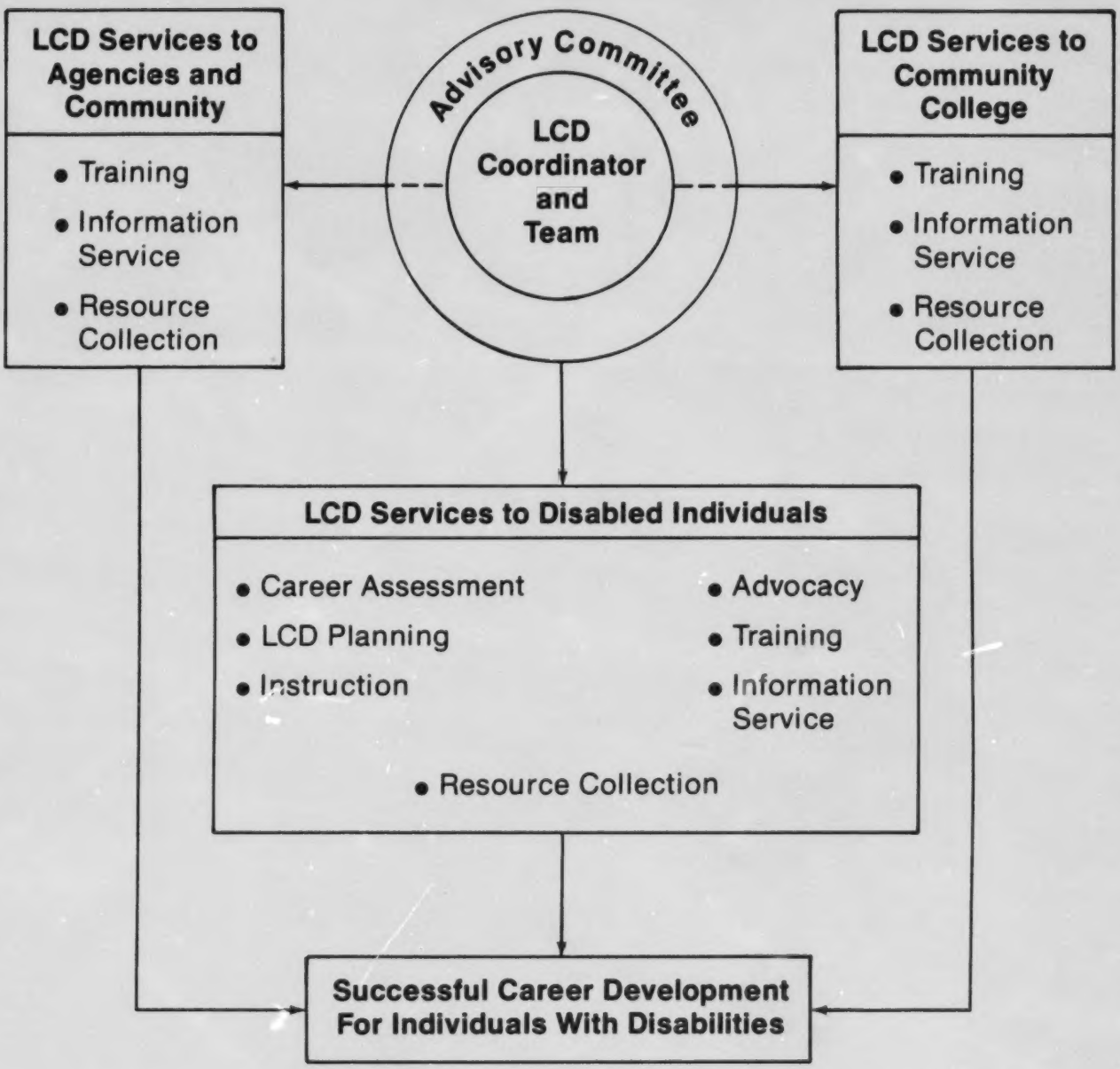
The LCD Program is available to all persons with disabilities. They contact the community college about an interview. When a disabled adult comes to the program to learn about LCD services, the LCD Coordinator or a designated representative should meet with the individual to discuss the program, answer questions and get to know the person. An individual's first contact with the program should involve person-to-person interaction, not paperwork. Routine information and forms can be handled later, if the person becomes a participant.

When orienting a disabled person to the LCD Program, be flexible and responsive to his or her needs so the person doesn't feel overwhelmed or pressured. Determine whether LCD services might be appropriate and whether the person wants to participate in the program before you gather and record extensive background information. Before concluding the first meeting, give the person a brochure about the program that includes the name and phone number of a contact person.

If the disabled individual is interested in improving his/her competency level, she/he is evaluated on the 22 competencies and learning needs (Career Assessment). Afterwards, the team meets with the participant to work out career development plans to get the services needed. Figure 2 presents a graphic representation of the LCD Program. This model depicts the services provided to target groups and demonstrates interrelationships between elements of the LCD Program. It should help guide the team in implementing the program and serve to introduce others to the LCD concept. To interpret the model, attend to both the vertical and horizontal flow described next.

FIGURE 2

LCD PROGRAM MODEL



VERTICAL FLOW

The vertical flow of the program model depicts LCD Program services to individuals with disabilities. A disabled adult seeking career development services talks with a team member or designate who describes the LCD Program, responds to questions and provides a program brochure. Thus, the person becomes oriented to the LCD Program.

Depending upon the individual's needs and goals, the team member may recommend or provide one or more of the seven LCD Services: Career Assessment, LCD Planning, Instruction, Advocacy, Training, Information Service, and Resource Collection.

HORIZONTAL FLOW

The horizontal flow of the model depicts LCD services to the agencies and community and to the community college. Services the team provides to agencies and community include Training, Information Service, and Resource Collection. The team also provides Training, Information Service, and Resource Collection to community college faculty, staff and students.

As shown by the vertical and horizontal flow of the model, the LCD Program involves two areas of service. The vertical flow depicts services to individuals with disabilities. The horizontal flow depicts services to professionals, family members and others. These services benefit the disabled population by better preparing others to interact successfully with disabled people and meet their career development needs. It is important to keep in mind the dual focus of the LCD Program, which helps to clarify the target populations for the program's various services.

Finally, we want to clarify what has been said about the LCD model by focusing in on the prospective uses of services. Note that when a disabled person encounters the program he immediately hits a fork in the road. The direction he goes is determined by the persons presenting needs. Depending on the service needs the disabled person is referred to an appropriate agency or undergoes an orientation and receives services directly from LCD team members. Figure 3 portrays this process in graphic form.

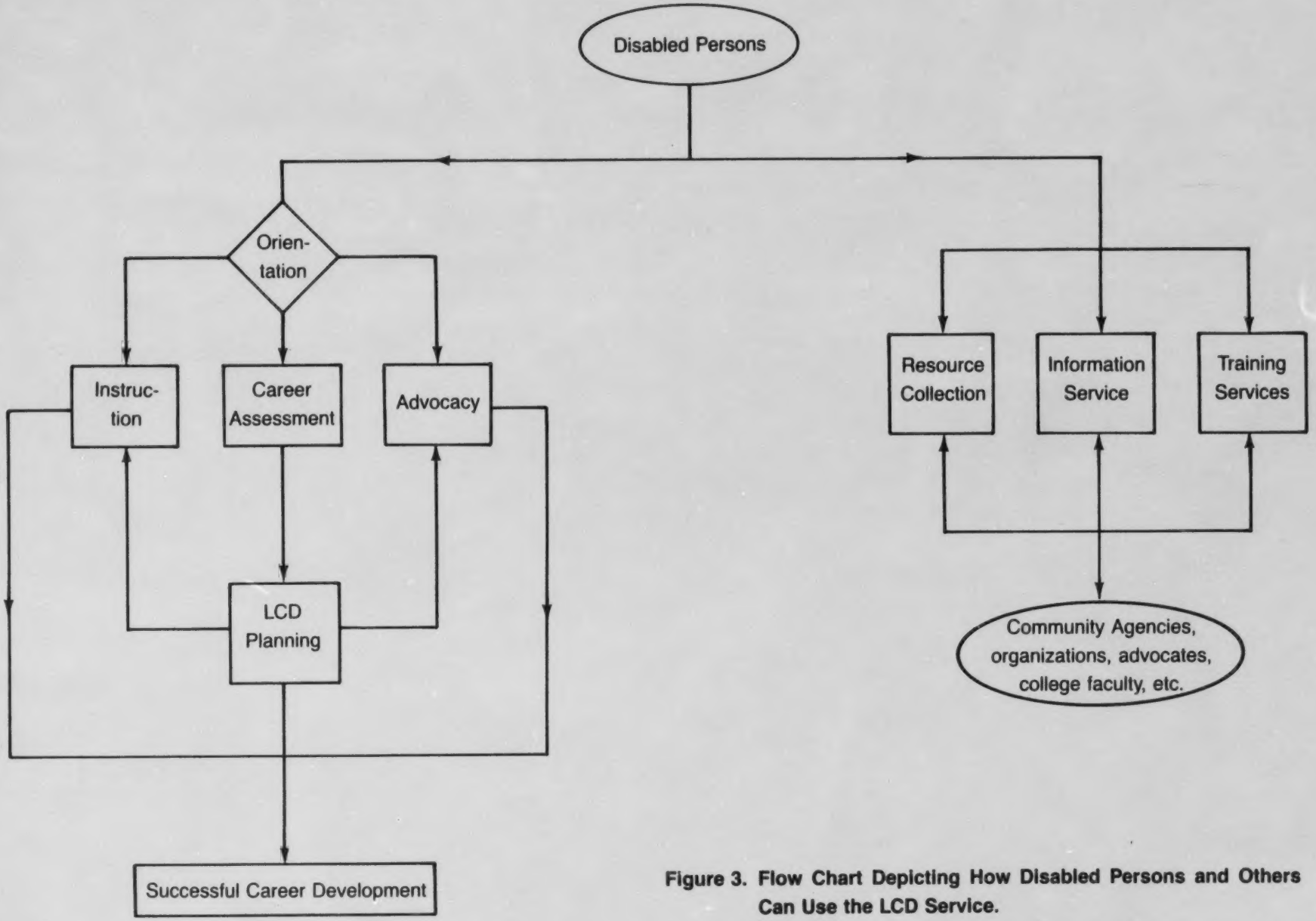


Figure 3. Flow Chart Depicting How Disabled Persons and Others Can Use the LCD Service.

Conclusion

The LCD Program provides a model for achieving the elements of service improvement discussed previously--delineation of necessary life skills and linkage of community services. This multifaceted program emphasizes coordination and provision of services for disabled citizens relative to 22 life-centered competencies. These competencies serve as the focal point for many program activities.

The organization of the LCD Program is specially designed to generate on-going communication between service providers in the community. Through a team approach and active involvement of a community-based advisory committee, consumers, and service providers can work together to identify available resources and implement the program.

The LCD concept is an innovative model for providing a coordinated and comprehensive array of services to meet the career development needs of persons with disabilities. The program involves the community college in the linkage and provision of career development services to disabled adults. The community-based program, housed at the community college, derives maximum benefit from the community college's resources and unique role in the community. In addition, the program could also be coordinated out of such agencies as independent living programs, vocational-technical schools, rehabilitation agencies, and perhaps other settings if needed.

The next chapter will discuss implementing the LCD Program into the community college. This chapter delineates the rationale for using this institution, the importance of networking, and concrete steps for effective implementation.

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CHAPTER 4

IMPLEMENTING THE LCD PROGRAM

Implementing the LCD Program will require considerable time and commitment from many individuals. LCD's comprehensive approach requires the active participation of a wide array of community members, including community college staff, human service agency personnel, disabled persons and their advocates, and interested citizens. The greater the representation of these groups, the better the chance the LCD Program will become an effective force in serving disabled people throughout the community.

This chapter first discusses the rationale for putting the LCD Program into the community college structure. This includes a simplified explanation of the community college structure and leads into a discussion of the necessary inter-agency collaboration. A network structure with a focus on the community college is delineated.

Subsequent to brief overview on "why" the LCD Program has been placed in a community college setting, the chapter outlines how to take a series of steps required to prepare for implementation of the LCD Program.

Rationale for Adding LCD to Community College Programming

The community colleges are the people colleges. They were founded upon the concept of providing education at the local level to meet the diverse needs of the "working" people. Those needs are expressed in such typical programs as the following:

- The transfer Arts/Science or Liberal Arts curriculum of two years (Associate in Arts Degree).
- The Vocational/Technical program offerings of varying lengths to provide job specific skill training for occupational placement.
- Continuing vocational programs for upgrading skills and performance in business and industry.
- The wide variety of community service programs that are designed to enlighten the populace, as well as provide for the increased capabilities in life.
- The guidance and counseling services that assist potential students and users of education at the post-secondary level.

These five main thrusts of the community college are available for all people, including the handicapped.

The basic goal of the community college is to provide educational program services to the citizenry at the local geographic community level. The void filled by the community college is that education void between secondary education (general and vocational) and higher education (four years liberal arts speciality or technical education). Local citizen industrial/human services growth is basic to the community college system.

Undergirding this theme is the reliance in a community college upon a philosophy that places services to people as paramount. All personnel employed by the community college service the people. They all service by being able to answer inquiries about the college and its function. That service is conceptualized in the LCD model for the handicapped. The LCD model is a voluntary type human services provision.

The community college acts as the catalyst within a community service mode structure. The general public is conscious of remedying the sub-quality life of some of its members through human services support provided by a loosely-constructed consortium of public and private agencies. No one human services agency has the fundamental mission as clear as does the community college. The mission ranges from training (specific and general) to services (specific and general). This broad concept of support aligns itself to the catalyst role. The "community" is the title, "community college" has a geographic implication, as well as extended interagency definition of support for human services. The community college is, therefore, an ancillary agency for the handicapped needs within society.

The common denominator that can unite all agencies with the content of services to the handicapped is Life Long Career Development. American society is founded upon a function principle. Function is the core of LCD and the function is the individual being in a role of work content. It is presumed, therefore, that the improvement of the quality of the human existence can best be achieved through the relationship that the community college has within the ancillary role with agencies via the vehicle of the LCD program.

LCD should not be a difficult process to fulfill as part of the operational activity of the community college. For LCD to become a standard operational procedure, it needs and must become a working technology of a certain key

individual in the community college. That certain individual should logically be the LCD team leader. And . . . the LCD team leader should be located high enough in line and staff relationship to have the authority and responsibility to effectively develop and manage the LCD team concept of operating within the collective community of agencies and the community college itself.

The Need for Open Networks

There are two terms that any worker in the human services needs to be aware of these days: accountability and cost-effectiveness. The LCD project has attempted to design a program that optimally serves handicapped individuals with the opportunity to increase cost-effectiveness. With any new venture comes change; acceptance of the LCD program demands that a counselor, educator or administrator change his or her orientation of working with other professionals.

Services are no longer independent entities, but ideally collaborate as a complete network. Collaboration with other agencies may offer a method of improving services and in the long run minimize costs. Yet, effective collaboration involves a change in communication styles. Networks that run well, do so when all channels are open to compromise. Rigid and inflexible thinking inevitably leads to "turf" problems. If followed, the following conditions should enhance the probability of successful interagency collaboration.

First, collaboration must be voluntary. External pressures such as financial cutbacks may catalyze the need for developing a network system. However, this is not enough. Successful collaboration requires a desire to become interdependent. Only when agencies have reached their own internal conclusion that collaboration is to their advantage can sufficient commitment of time and resources be generated to insure success.

Open network systems do not occur over night. Rather, they involve a considerable time investment. A sincere effort to develop collaborative relationships may start by discussing the issues revolved about this type of communication, and how much of a time commitment is involved.

Thus, healthy collaboration requires systematic planning. It will take time to build trusting relationships among all the services that are a part of the LCD program. Moreover, it also takes time to develop a realistic and

mutually acceptable plan for collaborative action. All the members of this effort must take clearly defined steps to consider a broad range of options, objectively analyze the strengths and weaknesses in each option, and ultimately build consensus for a detailed plan of action that all of the services involved can support.

This section on networking described the philosophy or "mind-set" that is needed to develop professional associations. These more abstract notions supplement the concrete steps necessary to implement the LCD Program. It is these 12 steps that will now be discussed, and are illustrated in Figure 4.

Gain Administrative Support From The Community College--Step 1

Gaining support of top community college administrators is the first step toward initiation of the LCD Program. The process begins with this step because few programs are successful without this support.

Since procedures vary for establishing new community college programs, it is important to identify key decision makers and appropriate channels for consideration of the program. In many cases, an administrative committee reviews proposed programs, and information about the LCD Program should be presented to this group.

In conducting this presentation, describe the goals and objectives of the program (see Chapter 3) and review the 12 preliminary steps for implementation depicted in Figure 4. Also, be prepared to address the following questions that administrators are likely to ask:

- How does the LCD Program relate to the mission of the community college and its long-range goals?
- What existing services and programs at the community college relate to the LCD concept?
- Under whose authority would the program fall within the administrative structure of the community college?
- What personnel and resources will be needed?
- What will be the time commitment of those involved in the program?
- What costs are involved in establishing the program and what funding sources are available?
- Why is this program needed?

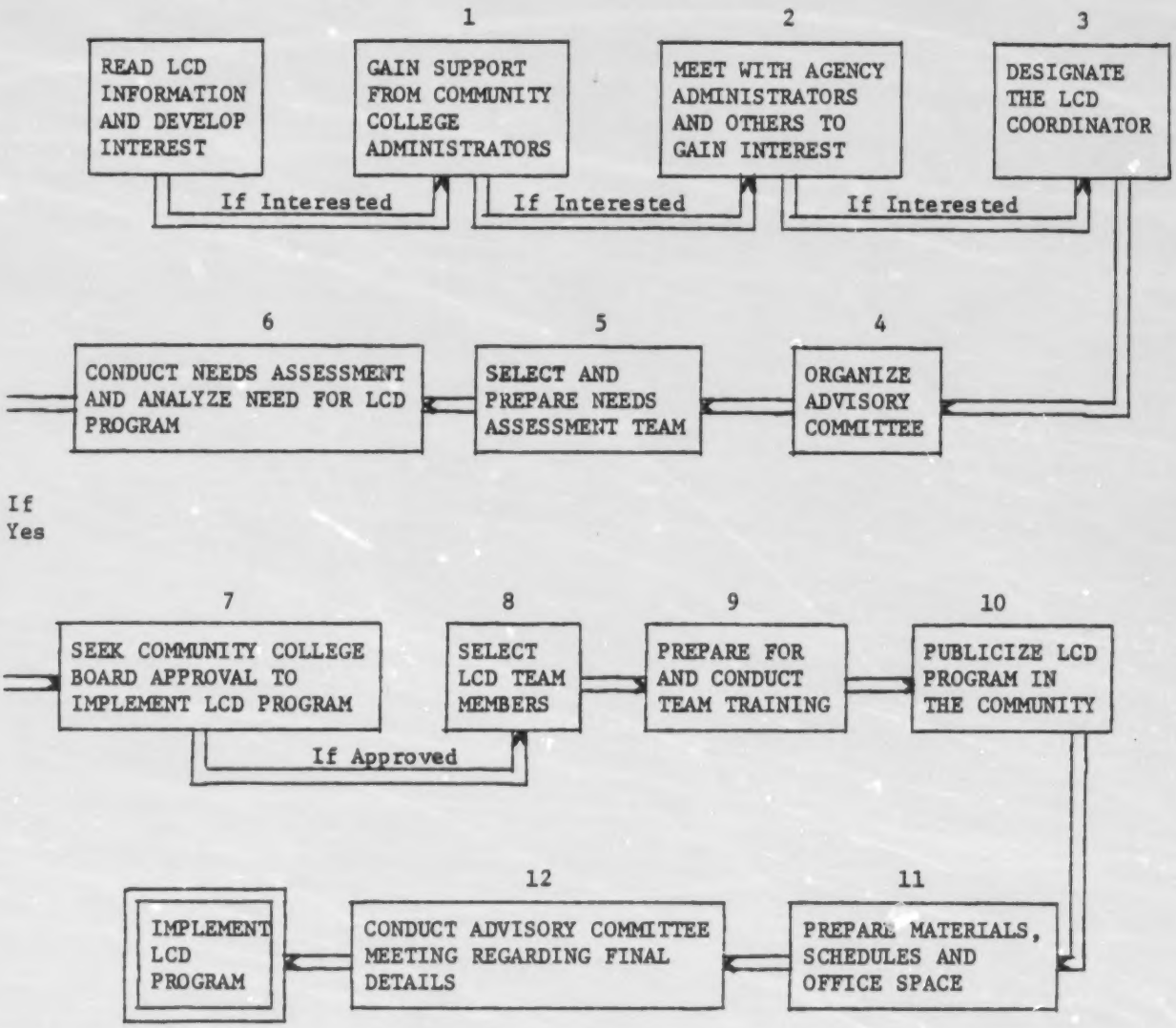

Figure 4 Flow Chart Depicting the Steps in Implementing an LCD Program

GAIN ADMINISTRATIVE SUPPORT FROM COMMUNITY AGENCIES--STEP 2

Promoters of the LCD Program, in conjunction with community college administrators, should arrange a meeting with directors of key human service agencies and others concerned about career development of disabled adults. The purpose of this meeting is to explain the LCD concept and the perceived need for such a community-based program coordinated through the community college.

Those attending the meeting should include disabled individuals and/or their advocates. Representatives from the following agencies should be among those invited:

Vocational Rehabilitation
Social Service
Mental Health
Public Health
Employment Service
CETA
Bureau for the Blind
Special Education
Vocational or Technical Education
Sheltered Workshops
Institutions for Disabled Individuals

In presenting the LCD concept to representatives attending the meeting, discuss the following aspects:

- Review the goals and objectives of the LCD Program (Chapter 3).
- Explain how the LCD Program is designed to link, rather than duplicate, existing programs and develop services to fill unmet needs.
- Mention the need for a survey of disabled citizens to determine the extent to which they feel they need training and services relative to certain life skills.
- Explain the LCD Program's focus on the 22 Life Centered Competencies identified through research as important for successful functioning in adulthood (Chapter 3).

- Review the LCD Model and the roles of the LCD Team and Advisory Committee (Chapter 3).

- Describe the community college's role in coordinating the LCD Program.

Be prepared to answer the questions agency representatives and others attending the meeting are likely to raise. These include such questions as:

- Is such an additional service needed in the community?

- Why should the community college be the coordinating agency?

- What commitment is required from each agency?

- Will the program cost the agency money?

- Will the community college initiate new courses and services that are not currently available in the community?

- Will the LCD service take business away from the agencies?

- What are the benefits to agencies and organizations who participate in the LCD Program?

Some agency representatives may react defensively during discussion of the proposed program. They might misinterpret the LCD Program as an attempt to duplicate services or "tread on their turf." Try to clarify any misunderstandings and steer the tone of the discussion in a positive direction. Some individuals may require more time to consider the proposal before finalizing their opinions.

Before concluding the meeting, assess the degree of endorsement of the proposal and opinions as to its feasibility. If those attending appear to be supportive, explain the next steps as outlined in Figure 4 and get their recommendations for members of the Advisory Committee.

Once gained, the administrative support of both the community college and community agencies will require on-going maintenance. Keep administrators abreast of the program's activities and accomplishments through written and personal communications. When promoting the LCD Program, acknowledge the cooperation of these key figures and organizations. They will appreciate the positive visibility in the community.

DESIGNATE THE LCD COORDINATOR--STEP 3

The LCD Coordinator is the key to successful development and operation of the program. After obtaining basic administrative support, the community college administration designates the LCD Coordinator. It is desirable for the coordinator already to be employed at the community college so the person has a working knowledge of the institution. Desirable personal characteristics and qualifications for the coordinator are described below:

PERSONAL QUALIFICATIONS

The LCD Coordinator should:

- Be self-motivated and self-directed.
- Be able to direct and work well with others.
- Be able to conceptualize and implement the LCD process.
- Possess good verbal and written communication skills.
- Be knowledgeable about public relations and the media.
- Exhibit good leadership.

DESIRABLE BACKGROUND

It is desirable for the LCD Coordinator to have:

- At least 2 years experience working at the community college.
- Knowledge of human service agencies in the community.
- Successful work experience.
- Knowledge of disabilities and the concerns of disabled people.
- A college degree in the human services field.

DUTIES

The position of LCD Coordinator should be full-time, at least until the program gets underway. It is preferable to appoint a community college staff member whose present duties resemble those expected of the coordinator. For example, the community college special needs coordinator or director of the handicapped students office might appropriately fill the position.

Under the direction of a community college administrator, the LCD Coordinator performs the following duties:

- Provide overall direction and coordination of the LCD Program including secretarial supervision, communication flow, records management and budgeting.

- Develop thorough working knowledge of HANDBOOK and RESOURCE GUIDE.
- Direct the needs assessment survey.
- Coordinate and/or conduct team training.
- Supervise various functions of the team.
- Conduct team meetings.
- Coordinate program planning.
- Represent the LCD Program at community college meetings and functions.
- Serve on community college committees concerned with student services.
- Communicate LCD Program activities to community college staff.
- Maintain contact with community agencies regarding the LCD Program and facilitate linkage of services.
- Develop promotional and informational materials about the program.
- Direct community awareness and public relations activities.
- Conduct program evaluation and write periodic progress reports.

In addition to the above responsibilities, the coordinator participates in the following activities:

- Recommend appointments to the team and Advisory Committee.
- Conduct initial orientation interviews.
- Assessment of LCD Program participants.
- LCD planning sessions involving the team and those involving the participant.
- Secure materials and information for inclusion in the RESOURCE GUIDE and Resource Collection.
- Provide consultation regarding career development of disabled adults.
- Develop and conduct training services.
- Provide advocacy services to disabled people focusing on facilitation of self-advocacy.
- Develop and conduct instructional opportunities for disabled adults.

- Write funding proposals.
- Speak to community groups about the LCD Program and related issues.
- Serve as a source for general information about career development of disabled people.

Although the above is not an exhaustive list of the LCD Coordinator's activities, it reflects the varied duties required of the position. The community college administration should select carefully a person who has the characteristics, skills and experience to coordinate the proposed program.

ORGANIZE ADVISORY COMMITTEE--STEP 4

Selection of the LCD Advisory Committee is the next step so that preparation for the needs assessment can begin. The advisory committee can be a valuable asset for the team. Selection of an active, enthusiastic and cooperative committee is a boon to program development.

As described in Chapter 3, the roles of the Advisory Committee are to provide (1) Consultation, (2) Manpower and Expertise, (3) Resource Information, (4) Linkage of Services and (5) Community Support. To function effectively in these roles, the following composition and procedures are recommended for the Advisory Committee.

COMPOSITION

The committee should have 12-15 members with urban areas requiring at least 15. The following composition is recommended:

- Two or three community college administrators and staff members.
- Two or three disabled consumers representing different disabilities.
- Three to five agency representatives from Job Service, Vocational Rehabilitation, Social Service, CETA and others.
- One or more representatives from other educational organizations.
- One or more advocates such as representatives from United Cerebral Palsy, National Association for Retarded Citizens and others.
- One or more representatives of the medical field such as physical therapists, public health nurses, physicians and others.
- One or more representatives of clergy organizations.

- One or more employers.
- One or more local government officials.

In recruiting the committee, tell prospective members about the organization and procedures of the committee, the proposed program and the five roles of the committee. Well-informed committee members tend to be more committed and active.

PROCEDURES

The following procedures are recommended to facilitate continuity and productivity of the committee:

- Term of Service: Each member serves no more than three years with one third of the members rotating each year.
- Meetings: Meet when need arises but convene at least quarterly.
- Administration: The Advisory Committee elects its director and membership with recommendations from the LCD Coordinator.
- LCD Coordinator's role: The coordinator serves as executive secretary including organizing meetings, distributing agenda to members and recording minutes.
- Minutes: Send minutes of each Advisory Committee meeting to community college administration, administrators of all agencies involved in the LCD Program, Advisory Committee members and other important groups.
- New Members: In selecting replacements, maintain a balance of consumer, community, and community college representation.

SELECT AND PREPARE NEEDS ASSESSMENT TEAM--STEP 5

Based on Advisory Committee recommendations, the LCD Coordinator selects individuals to conduct the needs assessment survey in the community. Ideally, the needs assessment team represents a cross section of community agencies concerned with disabled adults. Some agencies may be reluctant to allow release time for staff members to conduct the survey during their regular work day. The administrative support generated in Step 2 should facilitate provision of release time to conduct the survey.

To prepare members of the needs assessment team, review in detail the directions and forms of the Needs Assessment Packet, which is comprised of three parts

for administration to three different groups. Each of these is described below.

COMPETENCY AND INTEREST QUESTIONNAIRE (PART 1)

This questionnaire is administered to disabled people to ascertain their perceived level of competency in 22 areas relating to daily living, personal-social, and occupational skills. The questionnaire also asks about the person's interest in receiving training relative to the competencies. The results of this assessment assist the community college and interested agencies in determining if needs exist and whether a substantial number of disabled persons desire training in these important skill areas.

TRAINING AND RESOURCE NEEDS QUESTIONNAIRE (PART 2)

This questionnaire is administered to professionals who work with disabled people, community college staff and students, employers, relatives and advocates of disabled people, and disabled individuals. This assessment ascertains the extent to which various groups are interested in the following as they pertain to disabled individuals: advocacy, training, information and informational resources. The results of this assessment assist the LCD team in planning training activities and support services.

COMMUNITY RESOURCES ASSESSMENT (PART 3)

This part is administered to the newly formed LCD Advising Committee, which consists of a cross-section of community college, agency, advocacy, employer and disabled groups. This assessment is conducted after Parts 1 and 2 are analyzed and a need for a LCD Program has been established. The Community Resources Assessment helps the LCD Team identify specific community resources relative to each of the 22 competencies and areas where services are deficient. (The instructions for the interviewer and the forms themselves are presented in Appendix G of the LCD Handbook).

The LCD Coordinator conducts a training session to review materials, provide opportunities to practice administration of the Parts 1 and 2 of the survey, and answer questions. Interviewing skills must be reviewed and practiced as needed. It is the coordinator's responsibility to see that assessment team are well prepared to conduct the survey.

Conduct and Analyze Needs Assessment--Step 6

The next step is conducting and analyzing the needs assessment survey using the packet of materials described in Step 5. Allow no longer than four weeks to conduct the survey and return questionnaires to the coordinator.

For Part 1 of the survey, interview at least 20 persons of each disability group if possible. For some disability groups it may be difficult to identify 20 people. The Advisory Committee should be able to recommend disabled individuals who might participate. For Part 2, interview approximately 40 people representing community agencies, organizations, disabled adults, their families, community college faculty, staff and students, and others interested in resources and training relative to disabled individuals. The LCD Coordinator administers Part 3 to members of the LCD Advisory Committee.

The LCD Program derives many benefits from the needs assessment survey. These include:

- Ascertaining the extent to which the LCD Program is needed.
- Interacting with disabled individuals who may later wish to participate in the program.
- Building community awareness of the proposed program.
- Working together and building team spirit for future efforts.
- Providing opportunity to assess appropriateness of appointing members of the assessment team to the LCD Team.

After analyzing data, present results of the survey to the Advisory Committee and selected community college administrators. Discuss the degree to which the program is needed. If the group recommends implementation of the program, approval should be sought from the Community College Board.

Seek Community College Board Approval--Step 7

Next, the community college needs to seek Board approval for implementation of a new program. The information required depends on the policies of the state where the community college is located. If the Board approves, a release statement from the President's office should ensue. This endorsement should include statements relative to the following:

- Placement of the LCD Program in the community college organizational structure.
- Physical location with mention of accessibility.
- Funding commitment.
- Timeline for implementation.
- Explanation that continuance depends upon results of periodic reviews of need and program effectiveness.
- Statement that designated community college staff members will be involved in operation of the LCD Program.
- Staff development activities will be provided to increase community college personnel's awareness and knowledge of disabled people and their needs.

Such a statement gives the LCD Program a solid foundation within the community college structure as well as the community. Community college staff will know the LCD Program is an integral part of college operations and they are expected to become involved as needed.

SELECT LCD TEAM--STEP 8

The next step is selecting an LCD Team able to operate the program successfully. The team should represent a cross section similar to the Advisory Committee. The following composition is recommended:

- A minimum of three community college staff members including the coordinator.
- At least one disabled person.
- Two or three agency representatives.
- At least one advocate from an organization such as United Cerebral Palsy or state advocacy council for developmentally disabled people. (Note that one individual may represent two of the above categories.)

DUTIES

The overall responsibility of the team is implementation of the seven roles: Career Assessment, LCD Planning, Resource Collection, Information Service, Training Services, Advocacy and Instruction. Team members' diverse responsibilities in implementing the program and the seven roles are described below:

- Have working knowledge of information in the HANDBOOK and RESOURCE GUIDE.
- Keep abreast of current information relative to specific responsibilities as a team member.
- Attend weekly team meetings and other LCD staff meetings.
- Participate in public relations activities and promotion of the LCD Program.
- Maintain records for use in program evaluation as directed by the LCD Coordinator.
- Participate in team training as a trainee and, if deemed appropriate by the Coordinator, as a trainer.
- Contribute ideas and feedback relative to program planning.
- Participate in Career Assessment of program participants as directed by the Coordinator.
- Contribute information and ideas during the Individuals LCD Planning process.
- Share information about resources for inclusion in the Resource Collection.
- Provide information in areas of expertise relative to the LCD Program.
- Participate in provision of Advocacy services to disabled individuals within the context of the LCD Program.
- Participate in development and provision of Instruction for disabled adults offered through the LCD Program.

Membership in the LCD Team demands hard work and considerable commitment to the program. It is important for administrators, whether at an agency or the community college, to endorse the team member's involvement in the program. Release time must be granted and participation on the team must be viewed as part of that person's regular job duties.

TRAIN LCD TEAM--STEP 9

In order for team members to implement the LCD Program, they must learn the LCD philosophy, model and procedures. Team training, consisting of a series of 11 training modules, prepares team members to carry out their duties. The 11 modules are as follows:

MODULE ONE: Introduction to Training

MODULE TWO: Prerequisite Skills

MODULE THREE: LCD Model

MODULE FOUR: Training

MODULE FIVE: Instruction

MODULE SIX: Orientation and Career Assessment

MODULE SEVEN: LCD Planning

MODULE EIGHT: Resourse Collection

MODULE NINE: Information Service

MODULE TEN: Advocacy

MODULE ELEVEN: Program Planning

The team training modules (Part III, Chpts 9-19 of the LCD Handbook) serve as lesson plans for each topic, and include detailed instructions, time guides, necessary materials, and preplanning activities for the trainer.

Conducting the team training requires careful advanced planning. Primary responsibility for this rests with the LCD Coordinator. Required activities in preparation for team training are as follows:

- The LCD Coordinator reads and becomes thoroughly familiar with the LCD Handbook and Resource Guide.
- Choose a schedule and format for conducting training.
- Notify team members of training dates so they can plan accordingly and get approval from their supervisors.
- Select trainers to conduct the modules, and make arrangements if consultants are needed for the training.
- Choose an appropriate environment for training and arrange for use of necessary equipment.
- Organize, reproduce and/or distribute training materials as needed for the modules.
- Conduct the "Introduction to Training" Module session.
- Conduct or oversee conducting the 11 training modules.

Special care should be taken in selecting the trainer(s), upon whom much of the success of training may rest. Choose enthusiastic, confident persons who are skilled in the areas of open communications and group dynamics.

PUBLICIZE THE PROGRAM--STEP 10

As implementation draws near, substantial time and effort should be given to informing the community about the LCD Program. Effective publicity is essential to reach those individuals who can benefit from LCD services. Community awareness efforts are particularly important to reach disabled adults, many of whom currently may not be receiving any community services.

It is important to utilize media to promote program goals in positive, constructive ways. Community awareness campaigns dealing with disability-related issues require careful attention to language and the attitudes being conveyed.

A multi-media approach using all available avenues is the most effective develop and maintain contacts with editors and reporters from various media. Personal contacts can generate a more enthusiastic interest in your program and increase the media's responsiveness to your public relations effort.

Conventional avenues should be utilized initially. Newspapers, radio and television offer excellent coverage and reach a wide cross-section of the population. Magazines appeal to a more specific audience, but circulate across a wider area. Talk shows on local radio and television stations are particularly effective in communicating information to those disabled persons who are homebound.

Having begun a solid foundation in your campaign, consider the following alternatives to conventional public relations:

- Bulletin Boards
- Newsletters
- Public Service Advertisements
- T-Shirts, Bumper Stickers, and Buttons
- Displays
- Open House
- Brochures

- Workshops
- Gift Book Program

Available time, finances and commitment influence your use of these options. Utilize as broad an approach as possible in advertising your program. Community awareness can be the key to the initial success of the program.

Prepare Materials, Schedules and Office Space--Step 11

Before officially "opening" the LCD Program, attention must be given to the following areas:

- Prepare materials for use with participants including a brochure about the LCD Program and copies of materials for Career Assessment and LCD Planning.
- Arrange schedules so team members can afford weekly staff meetings and carry out other LCD duties. Also, establish tentative schedules for advisory committee meetings.
- Secure and prepare needed office space so the program has an identified location and necessary equipment and resources. Remember to arrange for use of a room in which interviews with participants can be conducted without interruption.

Conduct Advisory Committee Meeting--Step 12

The last step we suggest before initiating the LCD Program is to meet again with the advisory committee to discuss final details for implementation. Inform the committee about recent developments concerning organization and implementation of the program. Encourage input and feedback from the committee and allow opportunities for questions.

This meeting provides a chance to request the committee's help in promoting the program throughout the community. This can help in recruiting prospective participants.

Successful completion of these 12 preliminary steps lays the groundwork for implementation of the LCD Program. The team, with the advisory committee's guidance, should be prepared to carry out the seven team roles in accordance with the LCD Model.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

The Lifelong Career Development (LCD) Project for handicapped individuals attempted to design a methodology by which adult persons with disabilities could receive post-secondary/lifelong career development services in a more coordinated and continuous fashion. The conclusions and recommendations that are presented in this section are based on involvement with four Mid-Western community college sites, several community agencies, many handicapped persons and their advocates, and substantial input from various advisory groups over a three year period of time, 1978-1981. They are presented below.

CONCLUSIONS

The project had four main objectives. This section will present its conclusions relative to the original four objectives and other aspects that arose during the course of the project which are significant to the overall goal of developing a lifelong career development program for any adult person with a disability. The following conclusions seem warranted in regard to our findings.

1. Objective #1: Develop a conceptual career development model that assures a more coordinated and continuous delivery of services to handicapped individuals throughout their lifetime. The needs assessment study, formative evaluation activities, summative evaluation activities, consultative activities, and advisory committee input reflect the following conclusions:

- There is a breakdown in service delivery in meeting the career development needs of many persons with handicaps, especially those with multiple handicaps and mental retardation. Many agencies are not familiar enough with each other and/or don't utilize their services. Training in daily living and personal-social skills is a particularly important need for all disabled persons. However, services are often not available in these areas.

- A community college is an appropriate setting from which to operate a lifelong career development service. It tends to offer a neutral ground for agency personnel to congregate and gives the disabled person a more normalized setting to receive career guidance, career assessment, referral, and if necessary, specific instruction, advocacy, and resources information.

- The LCD Team concept, representing persons from the community college, various agencies, advocates and disabled persons is the most facilitative component to the success of such a service. The meteing of team members results in a communicative and linkage network that assures better recommendations for services, acceptance, and follow-through by other agencies.

- The most important roles/functions of an LCD Team are providing information, conducting career assessment, helping the person in career planning, and in training others about disabling conditions so they can provide for the individuals career development needs.

- The 22 Life-Centered competencies provide an important framework upon which an LCD service can be built. Care must be taken, however, in any assessment activities, so that more intelligent and less severely handicapped persons do not feel demeaned when asked about their ability to perform simple sub-competencies.

- An LCD Advisory Committee is an important component to a successful LCD service. The role of this committee will depend on the needs of the team and community. For example, the Advisory Committee may serve as a working committee which is actively involved in public relations, inservice training, and certain decision/policy-making needs. Conversely, a strong and active LCD Team may prefer an Advisory Committee that serves mainly an informational/input and linkage function which they can pass on to their constituents.

- It is important that agency administrators who appoint a staff member to the LCD Team make this responsibility part of their regular job functions and be included in their job description. Otherwise, the staff member will not have anyone to account to in their performance as a team member and will not be as able to make team meetings and other important LCD functions.

- The LCD Coordinator should be a member of the agency in which the LCD service is offered (e.g., the community college). This individual will need to devote full-time to the development of the program, its early service to disabled persons, and working with relevant community groups. Later, a clerical worker may be able to assume certain routine clerical functions.

- LCD Team meetings should occur weekly in order to assure a logical flow of services and communication. This will permit each team member to provide input to those who will be meeting with individual clients for their LCD planning.

- It is possible to initiate a practical LCD program at first and then to add other functions later on. The LCD Handbook provides the necessary guidance to begin such a process.

- There may be resistence to the effort to coordinate and link services as proposed in the LCD concept. Thus, it will be necessary to spend considerable time and effort to explain and assure various groups that there is no intention to duplicate or compete with their services. Generally, resistence dissipates with clear explanations and frequent communication.

- The conceptual model developed in the project uncovered certain persons with handicaps who were unserved but motivated and able to organize themselves into a visible and viable advocacy group for the community.

2. Objective #2: Develop a staff development program and materials that will train various types of personnel to implement an LCD service. Three field-tested training sessions with LCD Teams, Handbook and Resource Guide evaluations, summative evaluations, and advisory committee input reflect the following conclusions:

- The LCD Handbook developed in the project can provide interested groups with the necessary information to develop and implement and LCD service. The Handbook should contain specific training modules on the main roles/functions of an LCD Team so that members can be taught how to provide the service. These modules must detail the procedures, materials, time frames, readings and other aspects important to learning the functions and training others upon request. The Handbook should provide the guidelines for determing what needs to be implemented first and a succession of steps for more complete implementation later on.

- The LCD Resource Guide developed in the project is an inseparable supplement to the Handbook as it provides team information and resource material for developing and conducting an LCD service. Important topics that should be included in training others are: information on disabilities; daily living aspects, personal-social skills, vocational-occupational resources, and related resources. The 22 competencies serve as the foundation of such a guide. The Resource Guide should be able to be easily updated by the user. Local and state resources should be added to the federal/national ones that are available in the Guide. In addition to the Team, service providers, advocates, students, disabled persons and other community groups should have access to its contents.

3. Objective #3: Implement and field test the applicability of the model, training program, and materials to community settings. The summative evaluation instruments and direct contact with the community college advisors and coordinators reflects the following conclusions:

- The field test sites implemented the model and made it a part of the community college program of services.
- The nature of the types of persons served can be expected to vary according to the existing resources and needs of the community.
- The model and service has spin off effects which result in increased community awareness about handicapped persons, services offered, philosophies of agencies, and pressing needs.
- The numbers of handicapped students at the community college will increase as a result of implementing an LCD Program.
- The term "career" poses a problem in definition by the general public who perceive the LCD service as concerned only with vocational services.
- The program serves as a clearinghouse or referral information service that can help persons confused by the myriad of agencies to get the necessary services.
- Field practitioners do not like to perform substantial documentation of their efforts by recording information on various forms.
- It takes considerable time and effort to assess and train handicapped participants in deficient life-centered competencies--beyond the project period for most.
- Community college staff attitudes improve significantly after implementing an LCD Program.

4. Objective #4: Effectively meet the lifelong career development training needs of handicapped individuals. The basis intended to evaluate this objective was the Career Development Inventory (pre-post), individual career development plan, and an exit interview. Field site personnel failed to document in any substantial way the delivery or outcome of services to participants. However, several disabled persons were served by the field sites in a variety of ways, e.g., information giving, resources, referral, advocacy, accessibility, public awareness, and the like. The project period ran out before any substantive evaluation of career development/competency attainment could be discerned.

5. Objective #5: Other conclusions.

- Lack of funds prevented the LCD Programs to institute new instructional experiences for disabled persons. The LCD coordinators and advisors felt that their lact of ability to offer skill training limited the extent of the participant's competency attainment and the number

of referrals they received from agencies and groups. This may be a crucial element for initially attracting participants, from both the private sector and other agencies.

- The role of an LCD Program as a general information and referral agent should not be under valued. There seldom exists one source where disabled persons can go in order to obtain information about appropriate services. At both major project sites the LCD Program office served as a clearinghouse or "Chamber of Commerce" that impartially offered guidance to disabled citizens regarding such services. Although a high percentage of documented participants did enroll for classes at the community college, this is somewhat misleading information. Expectations were that all program participants would benefit from formal orientation, career assessment, and LCD Planning. However, many came in with singular, well-defined needs that appropriately required a direct referral to a particular agency. Because field-site's personnel were originally trained to provide all participants career assessment and LCD Planning, only those persons receiving such services were documented as participants. Later, any disabled person receiving a service from LCD, including information and direct referral, was documented as a participant.

- It appears that the formal six-step participant process is most appropriate with those participants having had little or no experience with the human service system (new entrants). The program would probably need to be in established existence for some time before it would become known as the appropriate first step for a disabled person seeking assistance.

- LCD Programs should be expected to function differently according to the community in which it becomes established. It must be responsive to the particular needs of the community; it's success as a program should be thus determined.

- A high percentage of initial participants were community college students, or persons considering enrolling. This does not imply that at such a site an LCD program is only capable of meeting educational needs. It merely reflects that those are the people that may most logically first discover LCD's existence.

- Team members at both sites were surprised at the high percentage of disabled persons that came seeking direct assistance for obtaining employment. The results from the Needs Assessment Study did show that a major proportion of the group desiring further training consisted of those who were unemployed. Attention to this fact would have resulted in more accurate expectations. However, survey results also showed that the one most distinguishing characteristic between the employed and unemployed survey subjects was that the subjects who were employed reported significantly high competency attainment in the domain of daily living skills. This fact, combined with survey results identifying competencies

in the domain of daily living skills as those whose training needs were highest and service availability was lowest, led LCD team members to expect more participants seeking daily living skills services.

- Positive results from the organization of LCD Programs at the two major project sites also occurred outside the scope of evaluation questions. At the site in Iowa, the concepts and materials from the LCD Program were adopted by other service delivery programs and formed the philosophical base for their program evaluation processes. LCD appeared to have the greatest observable impact in Brainerd, Minnesota. The LCD coordinator there helped organize the area's first advocacy group for the disabled, the Able Disabled (TAD), which was subsequently sponsored by the LCD Program. Members of this group were requested by local governmental officials to offer consultive services to architects designing a new airport, to insure total accessibility. The LCD coordinator was also selected by the mayor of the city to represent disabled citizens on a public transportation committee. This resulted in wheelchair accessible bus services in that area for the first time.

RECOMMENDATIONS

In view of the above conclusions, the following recommendations are presented to the funding agency and significant others who are concerned about future efforts in this area of endeavor:

1. Further development and encouragement of the community college site for a lifelong learning and career development resource for persons with handicaps. This should include:

- Dialogue with The American Association of Community and Junior Colleges (AACJC) regarding the need and potential.

- Provide special funding for exemplary projects that can demonstrate techniques of successful implementation of the LCD Model.

- Make the LCD products (Handbook and Resource Guide) readily available to all interested community college personnel and cooperating agencies.

Note: The principal investigator and the two major community college advisors are currently preparing an article about the project of the AACJC journal. A similar article was written and published in the June 1982 issue of the Journal of Career Education.

2. Concerted and various types of efforts are necessary if the numerous adult persons with handicaps are to be located and actually apply for LCD services.

It appears that many of these people have either formed a substantial dependency, are suspicious or reluctant to undertake special services as adults, have given up hope of obtaining a successful level of career development and remuneration, had negative prior experiences with human service agencies, or other reasons for not actively pursuing their rights as citizens. Thus, an LCD program should:

- Utilize advocacy groups for informing potential participants of the service.
- Clearly delineate the available services and procedures for obtaining them, avoiding the impression that one must work for a degree at the community college to receive services.
- Develop close working relationships with relevant community agencies, avoiding any undue duplication of services.

3. Promote the LCD Model and materials with the several hundred independent living centers (ILCs) that have evolved in the past few years. The mission of these centers closely approximates the services of the LCD Program designed by the project staff and its advisors. Thus, it is recommended that:

- The Federal Rehabilitation Services Administration (RSA) office in Washington be contacted relative to the utilization of LCD concepts and materials.
- The LCD project results be presented and promoted in major ILC and advocate organization publications such as the University of Kansas Rehabilitation and Research Center in IL and The American Association of Citizens With Disabilities.

Note: Some dissemination activities have and will be done by the project investigator relative to this recommendation.

4. Continue the study of the lifelong learning and career development needs of disabled citizens by providing a long-term funding base. At the present time, there appears to be no one resource that is responsible for continuing study and analysis of this important area. Thus, serious consideration should be given to:

- Funding a National Center on Lifelong Learning and Career Development for Disabled Adults to coordinate and conduct substantive research and disseminate to appropriate sources.
- Funding several appropriate agencies and organizations to conduct similar research as described above.

5. Greater attention should be given to the personal-social skills training needs of many disabled adults. It is recommended that:

- Rehabilitation and other human service agencies authorize competent organizations to expend more of their efforts to this area (in contrast to, for example, vocational training) if it is a major deficiency of the individual.

- More agencies and personnel be oriented and trained to provide personal-social skills for career development.

6. Community colleges that utilize the LCD Model should consider the following:

- Besides serving in a coordinating role (including information and referral), offer a specific direct service such as instructional units or programs for handicapped citizens if they are not available elsewhere in the community.

- Appoint a Coordinator who is knowledgeable about community resources and will spend at least half-time on the project.

- Utilize the services of a community advising committee, inclusing representatives from the business sector, public and private agencies, and persons with handicaps and their advocates.

- LCD team members must be given this responsibility as part of their regular job description.

- Record keeping and documentation of services must be designed efficiently and with minimal paperwork and time allocation.

- Care must be taken in overcoming the natural resistence of agencies to be "coordinated" and tendency to be territorial. Devote extensive time and effort to developing collaborative relationships.

The last part of the Appendices contains the outside evaluator's report of the LCD Project and letters from advisors from each of the two major community college sites which summarize what they consider to be the major qualities, usefulness, and impact of the LCD Project. These documents perhaps are the best evidence that the project has resulted in a viable source delivery model with appropriate procedures and materials for meeting the lifelong learning and career development needs of those disabled persons who seek such assistance.

Appendix A

Organizations and Services Involved with Advocacy for Disabled People

Organizations and Services Involved with Advocacy for Disabled People

Advocates for the Developmentally Disabled
6643 Tabor Avenue
Philadelphia, PA 19111

This organization of disabled consumers and technical experts advocates on behalf of all disability groups. It provides free advocacy training for disabled people.

American Coalition of Citizens with Disabilities, Inc.
1200 15th St., NW
Suite 201
Washington, D.C. 20005

This is a nationwide umbrella association of 65 organizations of and for disabled individuals. ACCD works for full realization of the human and civil rights of people who have physical, emotional and mental disabilities.

Center on Human Policy
216 Ostrom Avenue
Syracuse, NY 13210

This university-based advocacy organization works with community and national groups, distributes materials and supports activist groups.

Citizen Advocacy Program
Advocacy Program Coordinator
Sonoma State Hospital
Eldridge, CA 95431

The program deals with client rights and encouragement of one-to-one relationships between residents and members of the community.

Disability Rights Center
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036

The center advocates on behalf of disabled employees and applicants in an effort to facilitate full implementation of Section 501 of the Rehabilitation Act of 1973.

Employment and Training Administration
Office of Research and Development
Department of Labor
Washington, D.C. 20213
(202) 376-7355

This administration funds research projects related to specific training or employment problems which are not being met effectively by existing programs.

National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, IN 46617

The center provides legal counsel on legislation for disabled people. Amicus is the bimonthly periodical published by the center.

Office for Civil Rights
Department of Health, Education and Welfare
Washington, D.C. 20201
(202) 245-7320, 245-9180,
245-6118, 245-6709

This office enforces Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against physically or mentally handicapped individuals.

Office of Federal Contract
Compliance Programs
200 Constitution Avenue, N.W.
Washington, D.C. 20210
(202) 523-9475

Sets policy, investigates complaints and monitors compliance with Section 503 of the Rehabilitation Act of 1973.

Protection and Advocacy Council

These state councils, funded through the National Developmental Disabilities Office, offer citizen and class advocacy services to developmentally disabled people. For information about the Protection and Advocacy Council in your state contact:

National Developmental Disabilities
Office
330 C Street, S.W.
MES Building, Room 3070
Washington, D.C. 20201
(202) 245-0335

Public Interest Law Center of
Pennsylvania
Developmental Disabilities Project
1315 Walnut Street
Philadelphia, PA 19107

The center provides legal counsel and representation for disabled people and their organizations before the legislature in administrative hearings and negotiations with service providers and agencies.

Appendix B

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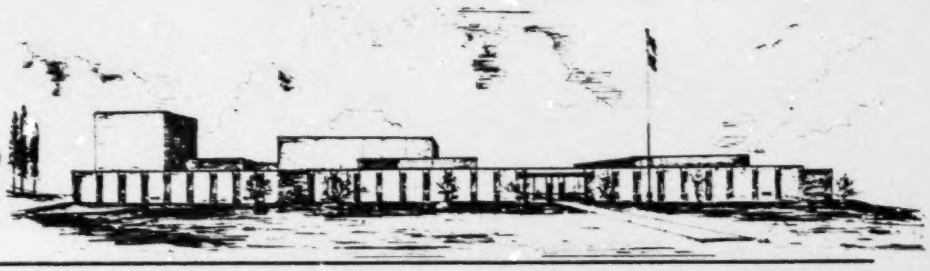
Appendix D

Letters of Support

Brainerd Community College



College Drive Brainerd, Minn, 56401 Phone 218-828-2525

October 12, 1981

Dr. Donn Brolin, LCD Project
Department of Counseling and
Personnel Services
College of Education
16 Hill Hall
University of Missouri
Columbia, Missouri 65211

Dear Dr. Brolin:

As one of the original pilot sites for the development of the Lifelong Career Development Project for the Severely Handicapped (LCD) model and materials, Brainerd Community College has experienced an involvement and outcomes exceeding those originally anticipated.

Brainerd Community College is a small, rural institution with limited resources. However, our experience with LCD over the past three years has demonstrated the College's capacity for outreach and ability to draw upon community resources not previously tapped. As a result of this involvement, the College has benefited from extremely comprehensive media coverage which, in turn, has helped to generate new clients and opportunities.

Originally, the campus LCD Coordinator had additional duties and reported to the Dean of Students. Beginning the second year -- thanks to a grant from an area foundation -- the coordinator reported directly to the President and had full-time responsibilities relative to the LCD program and services to the handicapped. It seems imperative to me that a program such as this have the direct and visible support of the institution's decision-makers.

A team consisting of both college and agency personnel meet regularly and frequently with the campus coordinator and program participants. An LCD Resource Center, available to staff, students and the community, was established and developed within the College library. An advisory committee, representative of the community and various agencies, was active and supportive.

The College, which provides a relatively barrier-free environment, has experienced an unprecedented increase in the enrollment of individuals with disabilities following the introduction of the LCD project. Awareness workshops presented to College faculty, area school personnel, and service organizations have proven popular and beneficial to all.

While it has not been possible for the College to maintain the position of Campus Coordinator and to continue the LCD program in its entirety, some of the services and many of the activities associated with the project are still located and available on the campus.

Dr. Donn Brolin, LCD Project
October 12, 1981

The opportunity to participate in the LCD Project was certainly most appreciated and proved to be one of benefit to the entire community. I wish to thank you and the members of the project staff for all the assistance and encouragement provided us.

Best wishes for continued success in helping to serve the needs of the handicapped.

Sincerely,

Curtis S. Murton, Jr.

Curtis S. Murton, Jr.
President

CSM:w

IOWA CENTRAL COMMUNITY COLLEGE
330 Avenue M
Fort Dodge, Iowa 50501

TO: Dr. Donn Brolin

FROM: Carl H. Larson

RE: Review of the LCD program as operated in the community college setting

DATE: September 21, 1981

Iowa Central Community College cooperated as one of three pilot sites in the development of the LCD progtam. The project goal was to develop the life-long career development concept using the function of the community college as the catalyst, bringing together into an operational service base the various agencies serving the handicapped. Iowa Central Community College provided a pilot site serving a wide rural geographical area. The various needs assessments were conducted, the forming of an effective, active advisory committee was established and an operational LCD program was developed to serve the handicapped.

The operational program provided the handicapped with:

(1) an intake staffing whereby the services of all agencies were made available for assistance.

(2) an opportunity to partake in the various community college instructional and service programs ranging from special classes in Personal Achievement Skills Training, as well as the full listing of the ongoing Vocational-Technical, Arts/Sciences, and Community Education offerings.

The LCD program, as operated by Iowa Central Community College, became part of the Community Education Division, becoming the responsibility of the Special Needs Director, with the assistance of a secretary and the trained LCD team members. The training conducted at the University of Missouri-Columbia developed the team with the necessary expertise to serve the handicapped through the staffing mechanism.

The Iowa Central Community College LCD team consisted of eight members representing the college, Arrowhead Area Education Agency, and Vocational Rehabilitation. The LCD program has become an operational program fully utilized at Iowa Central Community College. The reports of the LCD service are directed to the coordinating council of this college and to the Title IX Compliance Committee. Administratively, it is directed by the Director of Community Education who is responsible to the Administrative Cabinet and, finally, to the Assistant Superintendent of Curriculum and Instruction.

The LCD concept was developed by the University of Missouri project and has become a variable and effective means of this community college meeting its basic objectives. Senate File 550, Chapter 280, Code of Iowa, lists ten major objectives of the community college in Iowa. Objective #4, In-service and Retraining to Upgrade Skills; #8, Guidance and Counseling for Adults and Students; and #9, Occupational Training of Handicapped, focus on services to the handicapped. The LCD program thus has become a vehicle whereby the community colleges of Iowa can effectively serve the handicapped. LCD merges its efforts with other activivies and programs of services to the handicapped. It is a most effective means and has become the paramount method of achieving the goal of service to the handicapped of the community college.

The eight major component parts of LCD provide a full range of services to the handicapped. The effectiveness of the program depends upon the capabilities of the individuals trained to understand and develop the LCD program.

The LCD program, as developed, has the philosophical and procedural bases for complete operation in the community college setting.

Cooperation between agencies is difficult if the commonalty of service programs by agencies is not apparent. Agencies* have been brought together into an effective organizational pattern.

Services to the handicapped have been increasing. In many cases, the LCD program becomes the first step, bringing a human resource program to handicapped individuals.

* Arrowhead Area Education Agency 5
Rehabilitation Education and Service Branch
Job Service of Iowa
Department of Social Services
Developmental Disabilities Council - Area V
Deaf Service of Iowa
Iowa Commission of the Blind
Central Iowa Epilepsy Association
Webster County Mental Retardation Association
Webster County Advocacy Association

ERIC Clearinghouse for Junior Colleges
8118 Math-Sciences Building
University of California
Los Angeles, California 90024
AUG 5 1983